

ST	May out-of-state practioners provide services to patients in state via telehealth?	Licensure available to out-of-state practioners?	Covered licensees	Applicable statute/regulation
AL	No. Must have Alabama license.	Yes.	Physicians Osteopaths	<p>Special purpose license available if:</p> <p>(1) The applicant holds a full and unrestricted license to practice medicine or osteopathy in any and all states of the United States or in territories in which such individual is licensed; and</p> <p>(2) The applicant has not had any previous disciplinary action or other action taken against the applicant by any state or licensing jurisdiction.</p> <p>(3) In the event of previous disciplinary or other action against the applicant, the board may issue a certificate of qualification if it finds that the previous disciplinary or other action does not indicate that the physician is a potential threat to the public.</p> <p><i>Authority: Code of Ala. § 34-24-502</i></p> <p>Physicians and osteopaths holding license in Alabama may obtain on a reciprocal license to practice in any state or territory as a pre-condition to the issuance of a special purpose license in such state or territory. The State Board of Medical Examiners shall determine which states or territories have reciprocal licensure requirements meeting the qualifications.</p> <p><i>Authority: Code of Ala. § 34-24-507</i></p>
AK	No references found			
AR	Practice including consultations with Arkansas-licensed physicians subjects out-of-state physicians to Arkansas State Medical Board jurisdiction, except under	No.	Physicians	An out of state physician utilizing an electronic medium who performs an act that is part of a patient care service that was initiated in Arkansas, including interpretation of an X-ray, that would affect the diagnosis or treatment, is engaged in the practice of medicine and subject to regulation by the Arkansas

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	specified circumstances.			<p>State Medical Board, except:</p> <ul style="list-style-type: none"> (1) The acts of a medical specialist located in another jurisdiction who provides only episodic consultation services; (2) The acts of a physician located in another jurisdiction who is providing consultation services to a medical school; (3) Decisions regarding the denial or approval of coverage under any insurance or health maintenance organization plan; (4) A service to be performed which is not available in the state; (5) A physician physically seeing a patient in person in another jurisdiction; or (6) Other acts exempted by the board by regulation. <p><i>Authority: A.C.A. § 17-95-206</i></p> <p>Any physician who seeks licensure in this state pursuant to the requirements of § 17-95-206, upon submission of the proper credentialing documents to the Arkansas State Medical Board, shall be issued a temporary license to practice medicine in this state until such time as final action is taken by the board on the physician's application.</p> <p><i>Authority: A.C.A. § 17-95-207</i></p>
AZ	Yes, but only for single or infrequent consultations with	No	Physicians	Exception in physician licensing law for physicians licensed in other states for single or infrequent consultations with Arizona-licensed physician if the consultation regards a specific patient or

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	Arizona licensed physicians			patients. <i>Authority: AZ Revised Statute Sec. 32-1421</i>
CA	No specific reference to telehealth.	No	Physicians Podiatrists	Licensed out-of-state practitioners may participate in professional education through lectures, clinics, or demonstrations but cannot open an office, appoint a place to meet patients, receive calls from patients or have ultimate authority over the care or primary diagnosis of a patient located within California. <i>Authority: Cal Bus & Prof Code § 2060</i>
CO	No	No		Statutory declaration authorizes regulatory agencies, medical board and state board of nursing in consultation with representatives of other relevant state agencies to negotiate one or more interstate compacts endorsing model legislation to facilitate the efficient distribution of health care services across state lines. <i>Authority: CO Revised Statutes 24-60-3101</i>
CT	No	Yes, required for out of state radiologists consulting with physicians licensed in Connecticut on ongoing, regular or contractual basis	Physicians	In the case of electronic transmissions of radiographic images, licensure shall be required for an out-of-state physician who provides, through an ongoing, regular or contractual arrangement, official written reports of diagnostic evaluations of such images to physicians or patients in this state. Does not apply to nonresident physicians who, while located outside this state, consults (A) on an irregular basis with a physician licensed located in this state or (B) with a medical school within this state for educational or medical training purposes. Does not apply to any individual who regularly provides the types of services described in this subsection pursuant to any agreement or

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				arrangement with a short-term acute care general hospital, licensed by the Department of Public Health, provided such agreement or arrangement was entered into prior to February 1, 1996, and is in effect as of October 1, 1996. <i>Authority: Conn. Gen. Stat. § 20-9 (d)</i>
DC	No references found			
DE	No references found			
FL	No.	No.	Physicians Physician assistants Osteopaths	Physicians and physician assistants "Telemedicine" means the practice of medicine by a licensed Florida physician or physician assistant where patient care, treatment or services are provided through the use of medical information exchanged from one site to another via electronic communications. <i>Authority: 64B8-9.0141(1), F.A.C</i> Osteopaths <i>Authority: 64B15-14.0081, F.A.C</i>
GA	No references found			
HI	Yes, for specified practitioners under certain conditions and a provider-patient relationship has been established.	No.	Physicians Osteopaths Naturopathic physicians	A physician shall not use telemedicine to establish a physician-patient relationship with a patient without a license to practice medicine in Hawaii. Once a provider-patient relationship is established, a patient or physician may use telemedicine for any purpose, including consultation with a medical provider licensed in another state or as otherwise provided by law. <i>Authority: HRS § 453-1.3</i>

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				<p>Exceptions to Hawaii licensure requirements:</p> <p>Commissioned medical officers in the United States armed forces or public health service while providing direct telemedicine support or services to neighbor island beneficiaries within a Hawaii national guard armory on the island of Kauai, Hawaii, Molokai, or Maui; provided that the commissioned medical officer employed by the United States Department of Defense is credentialed by Tripler Army Medical Center.</p> <p>Physicians from other states when in actual consultation, including in-person, mail, electronic, telephonic, fiber-optic, or other telemedicine consultation with a Hawaii-licensed physician or osteopathic physician if the physician or osteopathic physician from another state at the time of consultation is licensed to practice in the state in which the physician or osteopathic physician resides; provided that:</p> <p>(A) The physician or osteopathic physician from another state shall not open an office, or appoint a place to meet patients in this State, or receive calls within the limits of the State for the provision of care for a patient who is located in this State;</p> <p>(B) The licensed physician or osteopathic physician of this State retains control and remains responsible for the provision of care for the patient who is located in this State; and</p> <p>(C) The laws and rules relating to contagious diseases are not violated.</p> <p>Radiologists duly licensed to practice medicine and provide radiology services in another state using telemedicine while</p>
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				<p>located in Hawaii to provide radiology services to a patient located in the state in which the radiologist is licensed.</p> <p><i>Authority: HRS § 453-2</i></p> <p>Additional licensure exceptions:</p> <p>The practice by a doctor of naturopathic medicine licensed in another state called into Hawaii for consultation with a licensed naturopathic physician, including in-person, mail, electronic, telephonic, fiber-optic, or other telemedicine consultation; provided that:</p> <p>(A) The naturopathic physician from another state shall not open an office, appoint a place to meet patients, or receive calls within this state for the provision of care for a patient who is located in this state; and</p> <p>(B) The licensed naturopathic physician of this state retains control and remains responsible for the provision of care for the patient who is located in this state.</p> <p><i>Authority: HRS § 455-1.5</i></p> <p>Psychologists employed by the United States Department of Defense providing direct telehealth support or services, as defined in section 431:10A-116.3, to neighbor island beneficiaries within a Hawaii national guard armory on the island of Kauai, Hawaii, Molokai, or Maui; provided that the psychologist employed by the United States Department of Defense is credentialed by Tripler Army Medical Center.</p>
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				<i>Authority: HRS § 465-3</i>
ID	No references found			
IL	Yes. Telemedicine defined relative to out of state practitioners and permitted under limited circumstances.	No, must have Illinois licensure.	Physicians	<p>Telemedicine defined as performance of diagnosing patients, prescribing drugs, maintaining a medical office, etc., including but not limited to rendering written or oral opinions concerning diagnosis or treatment of a patient in Illinois by a person located outside the State of Illinois as a result of transmission of individual patient data by telephonic, electronic, or other means of communication from within Illinois.</p> <p>"Telemedicine" does not include the following:</p> <p>(1) periodic consultations between a person licensed under this Act and a person outside the State of Illinois;</p> <p>(2) a second opinion provided to a person licensed under this Act; and</p> <p>(3) diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed to practice medicine.</p> <p><i>Authority: 225 ILCS 60/49.5(c)</i></p> <p>Telemedicine may be practiced by out of state physicians for:</p> <p>(1) periodic consultations between Illinois-licensed physician a person outside the State of Illinois;</p>

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				(2) second opinions provided to Illinois-licensed physician and (3) diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed to practice medicine. <i>Authority: 225 ILCS 60/49.5</i>
IN	No references found			
IA	No references found			
KS	No references found			
KY	Yes, but only for infrequent consultations with Kentucky licensed physicians	No	Physicians Osteopaths	A provider must be licensed in Kentucky with the exception of persons who, being nonresidents of Kentucky and lawfully licensed to practice medicine or osteopathy in their states of actual residence, infrequently engage in the practice of medicine or osteopathy within this state, when called to see or attend particular patients in consultation and association with a Kentucky-licensed physician. <i>Authority: KRS § 311.560(2)(b)</i>
LA	Yes	Yes	Physicians Audiologists and speech-language pathologists	Physicians The board shall issue a telemedicine license to allow the practice of medicine across state lines to an applicant who holds a full

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				<p>and unrestricted license to practice medicine in another state or territory of the United States.</p> <p>B. The board shall establish by rule in accordance with the Administrative Procedure Act the requirements for licensure under this Section provided the rules include the following:</p> <p>(1) The physician licensed under this Section shall not open an office in this state, shall not meet with patients in this state, and shall not receive calls in this state from patients.</p> <p>(2) The physician, when examining a patient by telemedicine, shall establish a bona fide physician-patient relationship by:</p> <p>(a) Conducting an appropriate examination of the patient as determined by the board.</p> <p>(b) Establishing a diagnosis through the use of accepted medical practices including but not limited to patient history, mental status, and appropriate diagnostic and laboratory testing.</p> <p>(c) Discussing with the patient any diagnosis as well as the risks and benefits of various treatment options.</p> <p>(d) Ensuring the availability for appropriate follow-up care.</p> <p>(e) Fulfilling any other requirements as deemed appropriate and necessary by the board.</p> <p>(3) The board may establish by rule additional qualifications, requirements, scope, and limitations of the use of telemedicine in this state as the board may deem appropriate.</p> <p>C. Any physician licensed to practice telemedicine in accordance</p>
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				<p>with this Section shall be subject to the provisions of this Part, the jurisdiction of the board, applicable state law, and, with respect to providing medical services to state residents, to the jurisdiction of Louisiana courts.</p> <p><i>Authority: La. R.S. 37:1276.1</i></p> <p>Telemedicine shall not be utilized to provide medical services to patients located in this state in the absence of medical licensure or a current telemedicine permit issued by the board and other than in compliance with the rules of this Chapter.</p> <p>No physician shall utilize telemedicine:</p> <ol style="list-style-type: none"> 1. for the treatment of non-cancer related chronic or intractable pain, as set forth in §§ 6915-6923 of the board's rules; 2. for the treatment of obesity, as set forth in §§ 6901-6913 of the board's rules; 3. to authorize or order the prescription, dispensation or administration of any amphetamine or narcotic, provided, however, that this limitation shall not apply to a physician who is currently certificated by a specialty board of the American Board of Medical Specialties or the American Osteopathic Association: <ol style="list-style-type: none"> a. in the specialty of psychiatry from using amphetamines in the treatment of his or her patients suffering from attention deficit disorder; or b. the American Society of Addiction Medicine in the subspecialty of addictive medicine from using narcotics in the
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				<p>treatment of an addictive disorder, provided such is permitted by and in conformity with all applicable federal and state laws and regulations; or</p> <p>4. to provide care to a patient who is physically located outside of this state, unless the physician possesses lawful authority to do so by the licensing authority of the state in which the patient is located.</p> <p>C. A physician shall not utilize telemedicine except in the usual course and scope of his or her medical practice.</p> <p>D. A non-Louisiana licensed physician who practices across state lines by virtue of a telemedicine permit issued by the board shall not:</p> <ol style="list-style-type: none"> 1. open an office in this state; 2. meet with patients in this state; 3. receive telephone calls in this state from patients; or 4. engage in the practice of medicine in this state beyond the limited authority conferred by his or her telemedicine permit. <p>E. No physician shall supervise, collaborate or consult with an allied health care provider located in this state via telemedicine unless he or she possesses a full and unrestricted license to practice medicine in this state and satisfies and complies with the prerequisites and requirements specified by all applicable</p>
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				<p>laws and rules.</p> <p><i>Authority: LAC 46:XLV.751</i></p> <p>Exceptions to physician licensure:</p> <ol style="list-style-type: none"> 1. furnishing medical assistance in case of a declared emergency or disaster, as defined by the Louisiana Health Emergency Powers Act, R.S. 29:760 et seq., or as otherwise provided in Title 29 of the Louisiana Revised Statutes of 1950, or the board's rules; 2. issuance of emergency certificates in accordance with the provisions of R.S. 28:53; and 3. a true consultation, e.g., an informal consultation or second opinion, provided by an individual licensed to practice medicine in a state other than Louisiana, provided that the Louisiana physician receiving the opinion is personally responsible to the patient for the primary diagnosis and any testing and treatment provided. <p><i>Authority: LAC 46:XLV.7515</i></p> <p>Audiologists and speech-language pathologists:</p> <p>Telepractice regardless of where the service is rendered or delivered constitutes the practice of speech-language pathology or audiology and shall require Louisiana licensure.</p> <p><i>Authority: LAC 46:LXXV.130</i></p>
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MA	No references found			
MD	No, with limited exceptions.	No	Physicians Audiologists, Hearing Aid Dispensers, And Speech-Language Pathologists	<p>Physicians</p> <p>Must be licensed Maryland physician in order to practice telemedicine if one or both of the following occurs:</p> <p>A. The individual practicing telemedicine is physically located in Maryland;</p> <p>B. The patient is in Maryland.</p> <p>Exceptions:</p> <p>(1) A medical student or an individual in a postgraduate medical training program that is approved by the Board, while doing the assigned duties at any office of a licensed physician, hospital, clinic, or similar facility;</p> <p>(2) A physician licensed by and residing in another jurisdiction, if the physician:</p> <p>(i) Is engaged in consultation with a physician licensed in Maryland about a particular patient and does not direct patient care; or</p> <p>(ii) Meets the requirements of § 14-302.1 of this subtitle;</p> <p>(3) A physician employed in the service of the federal government while performing the duties incident to that employment;</p> <p>(4) A physician who resides in and is authorized to practice medicine by any state adjoining Maryland and whose practice</p>

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				<p>extends into Maryland, if:</p> <ul style="list-style-type: none"> (i) The physician does not have an office or other regularly appointed place in Maryland to meet patients; and (ii) The same privileges are extended to licensed Maryland physicians by the adjoining state; and <p>(5) An individual while under the supervision of a licensed physician who has specialty training in psychiatry, and whose specialty training in psychiatry has been approved by the Board, if the individual submits an application to the Board on or before October 1, 1993, and meets specified education and experience qualifications.</p> <p><i>Authority: COMAR 10.32.05.03</i></p> <p>When a provider collaborates with a consultant from another state in which the telepractice services are eventually delivered, the consultant in the state in which the patient lives shall be the primary care provider for the patient.</p> <p><i>Authority: COMAR 10.41.06.03 (H)</i></p> <p>Audiologists, Hearing Aid Dispensers, And Speech-Language Pathologists</p> <p>A provider of telehealth services who resides out of State and who provides services to Maryland residents shall be licensed by the Board.</p> <p><i>Authority: COMAR 10.41.06.05(C)</i></p>
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ME	No references found			
MI	No references found			
MN	Yes, under specified conditions.	No. However, board allows interstate practice of telemedicine for those meet specified criteria and register with board.	Physicians	<p>Telehealth practice permitted under specified conditions.</p> <p>(1) the physician is licensed without restriction to practice medicine in the state from which the physician provides telemedicine services;</p> <p>(2) the physician has not had a license to practice medicine revoked or restricted in any state or jurisdiction;</p> <p>(3) the physician does not open an office in this state, does not meet with patients in this state, and does not receive calls in this state from patients; and</p> <p>(4) the physician annually registers with the board, on a form provided by the board.</p> <p><i>Authority: Minn. Stat. § 147.032</i></p> <p>Board may refuse to grant registration to perform interstate telemedicine services under specified conditions.</p> <p><i>Authority: Minn. Stat. § 147.091, Sub. 1</i></p> <p>Board authorized to revoke or suspend registration to perform interstate telemedicine under specified conditions.</p> <p><i>Authority: Minn. Stat. § 147.141(3)</i></p> <p>Exception from law barring unauthorized practice of medicine for interstate practice of telemedicine by those meeting specified criteria and registered with board.</p>

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				<i>Authority: Minn. Stat. § 147.081(2)</i>
MO	No references found.			
MS	<p>Practice of telemedicine, defined as practice of medicine across state lines by out of state licensees, specifically barred.</p> <p>Exception: If Mississippi-licensed physician requests patient evaluation or treatment by out of state licensee for patient with whom Mississippi-licensed physician has established doctor-patient relationship.</p>	<p>No. The practice of medicine is deemed to occur in the location of the patient. Therefore only physicians holding a valid Mississippi license are allowed to practice telemedicine in Mississippi.</p> <p>License not required where the evaluation, treatment and/or medicine given to be rendered by a physician outside of Mississippi is requested by Mississippi licensed physician and the physician who has requested such evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.</p>	Physicians	<p><i>Authority: Miss. Code Ann. § 73-25-34</i></p> <p><i>Authority: CMSR 50-013-2635, Chapter 5 Rule 5.2</i></p>
MT	Yes, under telemedicine licensure	Yes	Physicians	<p>Montana issues telemedicine licenses to out-of-state physicians that only allow the physician to practice telemedicine in the specialty the physician is board certified or meets the current requirements to take the examination to become board certified. License does not authorize practice of medicine while physically present within the state.</p> <p><i>Authority: 37-3-343, MCA</i></p> <p>Telemedicine licenses may be issued by the board to an applicant who meets all requirements. The license limits the licensee to the practice of telemedicine as defined in these rules and only with respect to the specialty in which the licensee is board-</p>

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				<p>certified or meets the current requirements to take the examination to become board-certified and on which the license bases the application for a telemedicine license. Exception from telemedicine license requirement for occasional telemedicine: the practice of medicine across state lines occurring less than five times in a calendar year or involves fewer than five patients per calendar year.</p> <p><i>Authority: MONT. ADMIN. R. 24.156.802</i></p> <p>See Appendix for additional authorities.</p>
NC	No statutory references found	No	Physicians	<p>Practice of medicine is deemed to occur in the state in which the patient is located. Therefore, any licensee using telemedicine to regularly provide medical services to patients located in North Carolina should be licensed to practice medicine in North Carolina. Licensees need not reside in North Carolina, as long as they have a valid, current North Carolina license.</p> <p><i>Authority: North Carolina Medical Board Position Statement on Telemedicine, July 2010.</i></p>
ND	No specific reference found.	Yes, by endorsement.	Physicians	<p>Medical board may license by endorsement out of state applicants by a recognized certifying agency approved by the licensing agency, provided such examination was, in the opinion of the board, equivalent in every respect to its examination. The board may also, in its discretion, enter into reciprocal agreements with the licensing agencies of other states or territories or the District of Columbia providing for a reciprocal waiver of further examination or any part thereof.</p> <p><i>Authority: N.D. Cent. Code, § 43-17-21</i></p>
NE	No references found			

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NH	No references found			
NJ	No references found			
NM	Yes, under limited telemedicine licensure.	Limited telemedicine license to providers who hold a full, unrestricted license in another state and has good moral character.	Physicians	<p>"Telemedicine" means the practice of medicine across state lines as defined in the Medical Practice Act, Section 61-6-6, K NMSA 1978.</p> <p><i>Authority: 16.10.2.7 NMAC(K)</i></p> <p>Any person who practices medicine across state lines or who attempts to practice medicine across state lines without first complying with the provisions of the Medical Practice Act and without being the holder of a telemedicine license entitling him to practice medicine across state lines is guilty of a fourth degree felony.</p> <p><i>Authority: N.M. Stat. Ann. § 61-6-20(B)</i></p> <p>A limited telemedicine medical license that allows a physician located outside New Mexico to practice medicine on patients located in New Mexico.</p> <p><i>Authority: 16.10.2.8 NMAC(B)</i></p> <p>The board shall issue a telemedicine license to allow the practice of medicine across state lines to an applicant who holds a full and unrestricted license to practice medicine in another state or territory of the United States. The board shall establish by rule the requirements for licensure; provided the requirements shall not be more restrictive than those required for licensure by endorsement.</p>

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				<p><i>Authority: N.M. Stat. Ann. § 61-6-11.1</i></p> <p>Applicants for a telemedicine license must be of good moral character and hold a full and unrestricted license to practice medicine in another state or territory of the United States.</p> <p><i>Authority: 16.10.2.11 NMAC(A)</i></p>
NV	Yes, under limited purpose telemedicine licensure.	Limited purpose telemedicine license available to board certified physicians holding unrestricted license in another state.	Physicians	<p>Nevada issues special-purpose licenses to out-of-state physicians for telemedicine services.</p> <p>Physicians must:</p> <ul style="list-style-type: none"> • Hold a full, unrestricted license in another state; • Not have any disciplinary or other action taken by any state or jurisdiction; • Be certified by the American Board of Medical Specialties. <p><i>Authority: Nev. Rev. Stat. Ann. § 630.261(e)</i></p>
NY	No references found			
OH	<p>Yes, for physicians with telemedicine certificate.</p> <p>Telehealth practice without Ohio license barred for Speech Language Pathologists and Physical Therapists</p>	Yes, telemedicine certificate available for out of state physicians meeting specified conditions.	<p>Physicians</p> <p>Speech Language Pathologists</p> <p>Physical Therapists</p>	<p>Physicians</p> <p>A) For the purposes of this section, "the practice of telemedicine" means the practice of medicine in this state through the use of any communication, including oral, written, or electronic communication, by a physician located outside this state.</p> <p>The board may issue, without examination, a telemedicine</p>

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				<p>certificate to a person who meets all of the following requirements:</p> <p>(1) The person holds a current, unrestricted license to practice medicine and surgery or osteopathic medicine and surgery issued by another state that requires license holders to complete at least fifty hours of continuing medical education every two years.</p> <p>(2) The person's principal place of practice is in that state.</p> <p>(3) The person does not hold a certificate issued under this chapter authorizing the practice of medicine and surgery or osteopathic medicine and surgery in this state.</p> <p>(4) The person meets the same age, moral character, and educational requirements individuals must meet under sections 4731.08, 4731.09, 4731.091, and 4731.14 of the Revised Code and, if applicable, demonstrates proficiency in spoken English in accordance with division (E) of section 4731.29 of the Revised Code.</p> <p>(C) The holder of a telemedicine certificate may engage in the practice of telemedicine in this state. A person holding a telemedicine certificate shall not practice medicine in person in this state without obtaining a special activity certificate under section 4731.294 of the Revised Code.</p> <p><i>Authority: ORC Ann. 4731.296</i></p> <p>Speech Language Pathologists</p>
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				<p>(3) A provider of telehealth services who resides out of state and who provides services to Ohio residents shall be licensed by the board.</p> <p><i>Authority: OAC Ann. 4753-2-01 (E)(3)</i></p> <p>Physical Therapists</p> <p>(b) If a physical therapy patient is located in Ohio, the physical therapist or physical therapist assistant providing physical therapy services via telehealth must hold a valid license under sections 4755.40 to 4755.56 of the Revised Code.</p> <p><i>Authority: OAC Ann. 4755-27-01 (10(b))</i></p>
OK	Yes	Telemedicine licensure	Osteopaths	<p>The State Board of Osteopathic Examiners has the authority to issue a telemedicine license. (No definition of telemedicine license or requirements for licensure located)</p> <p><i>Authority: 59 Okl. St. § 633</i></p>
OR	Limited to teleradiology and telemonitoring.	<p>No license required for out of state specialists in radiology or diagnostic radiology but Oregon licensure with teleradiology registration offered.</p> <p>Out of state physicians may monitor surgical patients. Oregon facility must grant privileges to those physicians and request medical board grant practitioner active telemonitoring status.</p>	Physicians	<p>"The practice of medicine across state lines" means:</p> <p>(1) The direct rendering to a person of a written or otherwise documented medical opinion concerning the diagnosis or treatment of that person located within Oregon for the purpose of patient care by a physician located outside Oregon as a result of the transmission of individual patient data by electronic or other means from within Oregon to that physician or the physician's agent outside Oregon; or</p> <p>(2) The direct rendering of medical treatment to a person located within Oregon by a physician located outside Oregon as a result of the outward transmission of individual patient data by</p>

ST	May out-of-state practitioners provide services to patients in state via telehealth?	Licensure available to out-of-state practitioners?	Covered licensees	Applicable statute/regulation
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				<p>electronic or other means from within this state to that physician or the physician's agent outside the state.</p> <p><i>Authority: Or. Admin. R. 847-025-0010</i></p> <p>Teleradiology is the electronic transmission of radiological images from one location to another for the purposes of interpretation and/or consultation. A physician whose specialty is radiology or diagnostic radiology that practices in a location outside of Oregon and receives radiological images via teleradiology from an Oregon location for interpretation or consultation and who communicates his/her radiological findings back to the ordering physician is practicing teleradiology for Oregon. A physician practicing teleradiology for Oregon is not required to be licensed in Oregon. The Board, however, offers a license with Active -- Teleradiology registration status for those physicians who require such for administrative reasons.</p> <p><i>Authority: Or. Admin. R. 847-008-0022</i></p> <p>Telemonitoring is the intraoperative monitoring of data collected during surgery and electronically transmitted to a physician who practices in a location outside of Oregon via a telemedicine link for the purpose of allowing the monitoring physician to notify the operating team of changes that may have a serious effect on the outcome and/or survival of the patient. The monitoring physician is in communication with the operation team through a technician in the operating room.</p> <p>The facility where the surgery is to be performed must be a licensed hospital or ambulatory surgical center licensed by the Department of Human Services, must grant medical staff</p>
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ST	May out-of-state practitioners provide services to patients in state via telehealth?	Licensure available to out-of-state practitioners?	Covered licensees	Applicable statute/regulation
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				<p>membership and/or clinical privileges to the monitoring physician, and must request the Oregon Medical Board grant Active-Telemonitoring status to the monitoring physician to perform intraoperative telemonitoring on patients during surgery.</p> <p><i>Authority: Or. Admin. R. 847-008-0023</i></p>
PA	Yes, for practitioners in adjoining states with practices extending into Pennsylvania.	Yes, for practitioners in residing or practicing in adjoining states with practices extending into Pennsylvania.	Physicians	<p>Medical board authorized to establish reciprocity or endorsement license or certificate recognizing that the requirements for a license or certificate in Pennsylvania and in the other jurisdiction are equivalent.</p> <p><i>Authority: 63 P.S. § 422.27</i></p> <p>Medical board authorized to issue extraterritorial license empowering licensees in adjoining states whose medical practice extends into Pennsylvania to practice medicine and surgery with or without restriction. Authority requires board to consider patient needs, availability of medical care in the specific area involved and whether the adjoining state of licensure reciprocates by extending similar privileges Pennsylvania-licensed physicians.</p> <p><i>Authority: 63 P.S. § 422.34</i></p>
RI	No references found.			
SC	No references found.			
SD	Yes, under reciprocal licensing.	Reciprocal licensing offered if certain conditions	Physicians	An applicant who holds a valid medical license issued by another

ST	May out-of-state practioners provide services to patients in state via telehealth?	Licensure available to out-of-state practioners?	Covered licensees	Applicable statute/regulation
		met.		<p>state can be licensed through reciprocity if completing residency program in the US or Canada and meeting other qualifications.</p> <p><i>Authority: ARSD 20:78:03:12</i></p>
TN	Yes, under telemedicine licensure	Statute authorizes telemedicine license to out of state board certified practitioners	Physicians Osteopaths	<p>Telemedicine defined as practice across state lines including rendering opinions and treatment to patients in Tennessee by practitioner located out of state as a result of transmission of patient data by electronic or other means to such practitioner or agent. Telemedicine licensure available to applicants with unrestricted license in good standing in another state and maintains an unencumbered certification in a recognized specialty area or is eligible for such certification and indicates a residence and a practice outside of Tennessee.</p> <p>Physicians <i>Authority: Tenn. Comp. R. & Regs. R. 0880-02-.16</i></p> <p>Osteopaths <i>Authority: Tenn. Comp. R. & Regs. R. 1050-02-.17</i></p>
TX	No, unless meeting specified exceptions or physicians with out-of-state telemedicine license.	Yes. Statute authorizes medical board to issue telemedicine license to out of state physicians.	Physicians Speech-Language Pathologists and Audiologists	<p>A person who is physically located in another jurisdiction but who, through the use of any medium, including an electronic medium, performs an act that is part of a patient care service initiated in Texas, including the taking of an x-ray examination or the preparation of pathological material for examination, and that would affect the diagnosis or treatment of the patient, is considered to be engaged in the practice of medicine and is subject to appropriate regulation by the board.</p> <p>Exceptions:</p>

ST	May out-of-state practioners provide services to patients in state via telehealth?	Licensure available to out-of-state practioners?	Covered licensees	Applicable statute/regulation
				<ul style="list-style-type: none"> • Medical specialists located in another jurisdiction who provides only episodic consultation services on request to a physician licensed in this state who practices in the same medical specialty; • Physicians located in another jurisdiction who is providing consultation services to a medical school as defined by Section 61.501, Education Code; • Physicians located in another jurisdiction who is providing consultation services to an educational institution; • Physicians located in state having borders contiguous with the borders of Texas who is the treating physician of a patient and orders home health or hospice services for a resident of this state to be delivered by a home and community support services agency licensed in this Texas. <p><i>Authority: Tex. Occ. Code § 151.056</i></p> <p>A person may not engage in the practice of medicine across state lines in Texas without out-of-state telemedicine license and who meets specified licensure requirements.</p> <p>Exemptions:</p> <p>(1) episodic consultation by a medical specialist located in another jurisdiction who provides such consultation services on request to a person licensed in this state;</p> <p>(2) consultation services provided by a physician located in another jurisdiction to a medical school as defined in the</p>

ST	May out-of-state practioners provide services to patients in state via telehealth?	Licensure available to out-of-state practioners?	Covered licensees	Applicable statute/regulation
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				<p>Education Code, § 61.501;</p> <p>(3) consultation services provided by a physician located in another jurisdiction to an institution defined in either Subchapter C, Chapter 73, or Subchapter K, Chapter 74 of the Education Code;</p> <p>(4) informal consultation performed by a physician outside the context of a contractual relationship and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation;</p> <p>(5) furnishing of medical assistance by a physician in case of an emergency or disaster if no charge is made for the medical assistance; and</p> <p>(6) ordering home health or hospice services for a resident of this state to be delivered by a home and community support services agency licensed by this state, by the resident's treating physician who is located in another jurisdiction of a state having borders contiguous with the borders of this state.</p> <p><i>Authority: 22 TAC § 172.12</i></p> <p>Physicians who treat and prescribe through advanced communications technology are practicing medicine and must possess appropriate licensure in all jurisdictions where their patients presently reside. An out-of-state physician may provide episodic consultations without a Texas medical license, as provided in Texas Occupations Code, § 151.056 and § 172.12(f) of this title (relating to Out-of-State Telemedicine License-</p>
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ST	May out-of-state practitioners provide services to patients in state via telehealth?	Licensure available to out-of-state practitioners?	Covered licensees	Applicable statute/regulation
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				<p>Exemptions).</p> <p><i>Authority: 22 TAC § 174.12</i></p> <p>Speech-Language Pathology and Audiology</p> <p>When a provider collaborates with a consultant from another state in which the telepractice services are delivered, the consultant in the state in which the client receives services shall be the primary care provider for the client.</p> <p><i>Authority: 22 TAC § 741.213(i)</i></p>
UT	No, with specified exceptions.	No licensure provisions for out of state practitioners	Physicians Mental health practitioners	<p>A license is required to engage in the practice of medicine, on or for any person in Utah, as a physician and surgeon.</p> <p><i>Authority: Utah Code Ann. § 58-67-301</i></p> <p>An out-of-state physician may practice without a Utah license if:</p> <ul style="list-style-type: none"> • The physician is licensed in another state, with no licensing action pending and at least 10 years of professional experience; • The services are rendered as a public service and for a noncommercial purpose; • No fee or other consideration of value is charged, expected or contemplated, beyond an amount necessary to cover the proportionate cost of malpractice insurance; • Does not regularly engage in the practice of medicine

ST	May out-of-state practioners provide services to patients in state via telehealth?	Licensure available to out-of-state practioners?	Covered licensees	Applicable statute/regulation
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				<p>in Utah and establish a place of business in the state.</p> <p><i>Authority: Utah Code Ann. § 58-67-305</i></p> <p>All licensee licensure exceptions, as specified.</p> <p><i>Authority: Utah Code Ann. § 58-1-307</i></p> <p>Specified practitioners licensed in other states may provide mental health therapy or substance use disorder counseling remotely to a client in Utah if:</p> <ul style="list-style-type: none"> (i) the individual is present in the state or territory where the individual is licensed to practice mental health therapy or substance use disorder counseling; (ii) the client relocates to Utah; (iii) the client is a client of the individual immediately before the client relocates to Utah; (iv) the individual provides the short term transitional mental health therapy or short term transitional substance use disorder counseling remotely to the client only during the 45 day period beginning on the day on which the client relocates to Utah; (v) within 10 days after the day on which the client relocates to Utah, the individual provides written notice to the division of the individual's intent to provide short term transitional mental health therapy or short term transitional substance use disorder
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ST	May out-of-state practitioners provide services to patients in state via telehealth?	Licensure available to out-of-state practitioners?	Covered licensees	Applicable statute/regulation
				<p>counseling remotely to the client; and</p> <p>(vi) the individual does not engage in unlawful conduct or unprofessional conduct.</p> <p><i>Authority: Utah Code Ann. § 58-60-107</i></p>
VA	No references found			
VT	No references found			
WA	Yes, provided no physical office or place to see or receive calls from patients inside Washington.	No references found	Physicians	<p>Practice of medicine permitted without Washington licensure by any practitioner licensed by another state or territory in which he or she resides, provided that such practitioner shall not open an office or appoint a place of meeting patients or receiving calls within Washington.</p> <p>Also permitted: Practice of medicine in any part of Washington which shares a common border with Canada and which is surrounded on three sides by water by a physician licensed to practice medicine and surgery in Canada or any province or territory thereof.</p> <p><i>Authority: Rev. Code Wash. (ARCW) § 18.71.030 (6)&(11)</i></p>
WI	No references found	No references found		
WV	No, specifically prohibited.	No references found	Physicians Podiatrists	<p>A person may not engage in the practice of medicine and surgery or podiatry, hold himself or herself out as qualified to practice medicine and surgery or podiatry or use any title, word or abbreviation to indicate to or induce others to believe that he or she is licensed to practice medicine and surgery or podiatry in West Virginia unless he or she is actually licensed under the provisions of this article.</p>

ST	May out-of-state practioners provide services to patients in state via telehealth?	Licensure available to out-of-state practioners?	Covered licensees	Applicable statute/regulation
				<p>A person engaged in the practice of telemedicine is considered to be engaged in the practice of medicine within West Virginia and is subject to the licensure requirements. As used in this section, the term "practice of telemedicine" means the use of electronic information and communication technologies to provide health care when distance separates participants and includes one or both of the following:</p> <p>(1) The diagnosis of a patient within West Virginia by a physician located outside West Virginia as a result of the transmission of individual patient data, specimens or other material by electronic or other means from within this State to the physician or his or her agent; or</p> <p>(2) the rendering of treatment to a patient within West Virginia by a physician located outside West Virginia as a result of transmission of individual patient data, specimens or other material by electronic or other means from within West Virginia to the physician or his or her agent.</p> <p><i>Authority: W. Va. Code § 30-3-13 (a)</i></p>
WY	No	No	Physicians	<p>No exemption from licensure for out-of-state physicians. Any physician rendering medical diagnosis and/or treatment to a person physically present in this state must have a license issued by the board when such diagnosis/treatment is rendered, regardless of the physician's location and regardless of the means by which such diagnosis/treatment is rendered.</p> <p>This requirement shall not apply to an out-of-state physician who consults by telephone, electronic or any other means with an attending physician licensed in Wyoming or to an out-of-state physician who is specifically exempt from licensure pursuant to W.S. 33-26-103.</p>

ST	May out-of-state practioners provide services to patients in state via telehealth?	Licensure available to out-of-state practioners?	Covered licensees	Applicable statute/regulation
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				<i>Authority: WCWR 024-052-001, Section 4(e)</i>
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Alabama

MICHIE'S ALABAMA CODE ANNOTATED
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*** Current through the end of the 2013 Regular Session ***

TITLE 34 Professions and Businesses
CHAPTER 24 Physicians and Other Practitioners of Healing Arts
Article 10 Licensing the Practice of Medicine and Osteopathy Across State Lines

Code of Ala. § 34-24-502 (2013)

§ 34-24-502. Licensure.

(a) License requirement. -- No person shall engage in the practice of medicine or osteopathy across state lines in this state, hold himself or herself out as qualified to do the same, or use any title, word, or abbreviation to indicate to or induce others to believe that he or she is licensed to practice medicine or osteopathy across state lines in this state unless he or she has been issued a special purpose license to practice medicine or osteopathy across state lines in accordance with the provisions of this article; provided however, that no person who holds a full, unrestricted and current license issued under [Sections 34-24-310 to 34-24-343](#), inclusive, shall be required to obtain a special purpose license to practice medicine or osteopathy across state lines.

(b) Issuance of license. -- The Medical Licensure Commission shall issue a special purpose license to practice medicine or osteopathy across state lines upon presentation by an applicant of a certificate of qualification issued by the State Board of Medical Examiners in accordance with this section. The authority of the commission to issue, revoke, or suspend the special purpose license to practice medicine or osteopathy across state lines shall be the same as the general authority granted to the commission under [Sections 34-24-310 to 34-24-406](#), inclusive. The State Board of Medical Examiners shall issue a certificate of qualification to the Medical Licensure Commission certifying an applicant for a special purpose license to practice medicine or osteopathy across state lines who has met the following requirements:

(1) The applicant holds a full and unrestricted license to practice medicine or osteopathy in any and all states of the United States or in territories in which such individual is licensed; and

(2) The applicant has not had any previous disciplinary action or other action taken against the applicant by any state or licensing jurisdiction.

(3) In the event of previous disciplinary or other action against the applicant, the board may issue a certificate of qualification if it finds that the previous disciplinary or other action does not indicate that the physician is a

potential threat to the public. An individual shall submit an application for a certificate of qualification for a special purpose license to practice medicine or osteopathy across state lines on a form provided by the board and shall remit an application fee in an amount established by the board in its regulations.

(c) A special purpose license issued by the commission to practice medicine or osteopathy across state lines limits the licensee solely to the practice of medicine or osteopathy across state lines as defined herein. The special purpose license in this state is valid for a period of three years, shall expire on a renewal date established by the commission in its regulations in the third calendar year after its issuance, and may be renewed upon receipt of a renewal fee as established by the commission in its regulations. Failure to renew a license according to the renewal schedule established by the commission shall result in the automatic revocation of the special purpose license to practice medicine or osteopathy across state lines; provided, however, that an applicant may re-apply following automatic revocation for failure to renew.

HISTORY: [Acts 1997, No. 97-166.](#)

** Current through the end of the 2013 Regular Session **

TITLE 34 Professions and Businesses
CHAPTER 24 Physicians and Other Practitioners of Healing Arts
Article 10 Licensing the Practice of Medicine and Osteopathy Across State Lines

Code of Ala. § 34-24-507 (2013)

§ 34-24-507. Reciprocity.

Notwithstanding any of the provisions of this article, the commission shall only issue a special purpose license to practice medicine or osteopathy across state lines to an applicant whose principal practice location and license to practice is located in a state or territory of the United States whose laws permit or allow for the issuance of a special purpose license to practice medicine or osteopathy across state lines or similar license to a physician whose principal practice location and license is located in this state. It is the stated intent of this article that physicians and osteopaths who hold a full and current license in the State of Alabama be afforded the opportunity to obtain, on a reciprocal basis, a license to practice medicine or osteopathy across state lines in any state or territory of the United States as a pre-condition to the issuance of a special purpose license as authorized by this article to a physician or osteopath licensed in such state or territory. The State Board of Medical Examiners shall determine which states or territories have reciprocal licensure requirements meeting the qualifications of this section.

HISTORY: [Acts 1997, No. 97-166.](#)

Arkansas

*** Legislation is current through the 2013 Regular Session and updates ***
*** received from the Arkansas Code Revision Commission through ***
*** November 15, 2013. ***
*** Annotations are current through January 16, 2014. ***

Title 17 Professions, Occupations, and Businesses
Subtitle 3. Medical Professions
Chapter 95 Physicians and Surgeons
Subchapter 2 -- Arkansas Medical Practices Act -- General Provisions

A.C.A. § 17-95-206 (2014)

17-95-206. Out-of-state physicians.

A physician who is physically located outside this state but who through the use of any medium, including an electronic medium, performs an act that is part of a patient care service initiated in this state, including the performance or interpretation of an X-ray examination or the preparation or interpretation of pathological material that would affect the diagnosis or treatment of the patient, is engaged in the practice of medicine in this state for the purposes of this chapter and is subject to this chapter and to appropriate regulation by the Arkansas State Medical Board. This section does not apply to:

- (1) The acts of a medical specialist located in another jurisdiction who provides only episodic consultation services;
- (2) The acts of a physician located in another jurisdiction who is providing consultation services to a medical school;
- (3) Decisions regarding the denial or approval of coverage under any insurance or health maintenance organization plan;
- (4) A service to be performed which is not available in the state;
- (5) A physician physically seeing a patient in person in another jurisdiction; or
- (6) Other acts exempted by the board by regulation.

HISTORY: [Acts 1997, No. 1353, § 1.](#)

*** Legislation is current through the 2013 Regular Session and updates ***
*** received from the Arkansas Code Revision Commission through ***
*** November 15, 2013. ***
*** Annotations are current through January 16, 2014. ***

Title 17 Professions, Occupations, and Businesses
Subtitle 3. Medical Professions
Chapter 95 Physicians and Surgeons
Subchapter 2 -- Arkansas Medical Practices Act -- General Provisions

A.C.A. § 17-95-207 (2014)

17-95-207. Temporary license for out-of-state physicians.

Any physician who seeks licensure in this state pursuant to the requirements of [§ 17-95-206](#), upon submission of the proper credentialing documents to the Arkansas State Medical Board, shall be issued a temporary license to practice medicine in this state until such time as final action is taken by the board on the physician's application.

HISTORY: [Acts 1997, No. 1353, § 2.](#)

A.R.S. § 32-1421

ARIZONA REVISED STATUTES

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Current through

*** Fifty-first Legislature, 1st Regular Session and 1st Special Session, All 2013 Legislation ***
*** Annotations current through opinions posted on Lexis.com as of January 17, 2014***

TITLE 32. PROFESSIONS AND OCCUPATIONS
CHAPTER 13. MEDICINE AND SURGERY
ARTICLE 2. LICENSING

Go to the Arizona Code Archive Directory

A.R.S. § 32-1421 (2013)

§ 32-1421. Exemptions from licensing requirements

A. This article does not apply to any person while engaged in:

1. The provision of medical assistance in case of an emergency.
2. The administration of family remedies including the sale of vitamins, health foods or health food supplements or any other natural remedies, except drugs or medicines for which an authorized prescription is required by law.
3. The practice of religion, treatment by prayer or the laying on of hands as a religious rite or ordinance.
4. The practice of any of the healing arts of and by Indian tribes in this state.
5. The lawful practice of any of the healing arts to the extent authorized by a license issued by this state.
6. Activities or functions that do not require the exercise of a doctor of medicine's judgment for their performance, are not in violation of the laws of this state and are usually or customarily delegated by a doctor of medicine under the doctor's direction or supervision or are performed in accordance with the approval of a committee of physicians in a licensed health care institution.

7. The official duties of a medical officer in the armed forces of the United States, the United States department of veterans affairs or the United States public health service or their successor agencies, if the duties are restricted to federal lands.

8. Any act, task or function competently performed by a physician assistant in the proper performance of the physician assistant's duties.

9. The emergency harvesting of donor organs by a doctor of medicine or team of doctors of medicine licensed to practice medicine in another state or country for use in another state or country.

B. This article does not apply to:

1. A doctor of medicine residing in another jurisdiction who is authorized to practice medicine in that jurisdiction, if the doctor engages in actual single or infrequent consultation with a doctor of medicine licensed in this state and if the consultation regards a specific patient or patients.

2. A doctor of medicine who is licensed to practice in another jurisdiction if the doctor engages in the practice of medicine that is limited to patients with whom the doctor has an already established doctor-patient relationship and who reside outside this jurisdiction when both the doctor and the patient are physically in this state for not more than sixty consecutive days. For the purposes of this paragraph, "patient" means a person who is not a resident of this state and who is an athlete or a professional entertainer.

HISTORY: Laws 2013, 1st Reg. Sess., Ch. 227, § 2.

California

DEERING'S CALIFORNIA CODES ANNOTATED
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*** This document is current through Chapter 10 of ***
the 2014 Regular Session of the 2013-2014 Legislature.

BUSINESS & PROFESSIONS CODE
Division 2. Healing Arts
Chapter 5. Medicine
Article 3. License Required and Exemptions

Cal Bus & Prof Code § 2060 (2014)

§ 2060. Status of nonresident practitioners

Nothing in this chapter applies to any practitioner located outside this state, when in actual consultation, whether within this state or across state lines, with a licensed practitioner of this state, or when an invited guest of the California Medical Association or the California Podiatric Medical Association, or one of their component county societies, or of an approved medical or podiatric medical school or college for the sole purpose of engaging in professional education through lectures, clinics, or demonstrations, if he or she is, at the time of the consultation, lecture, or demonstration a licensed physician and surgeon or a licensed doctor of podiatric medicine in the state or country in which he or she resides. This practitioner shall not open an office, appoint a place to meet patients, receive calls from patients within the limits of this state, give orders, or have ultimate authority over the care or primary diagnosis of a patient who is located within this state.

History:

Added Stats 1980 ch 1313 § 2. Amended [Stats 1996 ch 864 § 3 \(SB 1665\)](#); [Stats 2003 ch 607 § 2 \(SB 1077\)](#).

C.R.S. 24-60-3101

COLORADO REVISED STATUTES

*** This document reflects changes current through all laws passed at the First Regular Session of the Sixty-Ninth General Assembly of the State of Colorado (2013) ***

TITLE 24. GOVERNMENT - STATE
INTERSTATE COMPACTS AND AGREEMENTS
ARTICLE 60. INTERSTATE COMPACTS AND AGREEMENTS
PART 31. COMPACT FOR PORTABILITY OF HEALTH CARE PROFESSIONAL LICENSES -
AUTHORIZATION

C.R.S. 24-60-3101 (2013)

24-60-3101. Legislative declaration

The general assembly hereby finds that a lack of access to quality, affordable health care services is an increasing problem, both in Colorado and nationwide, and contributes to the spiraling costs of health care for individuals and businesses. This problem could be alleviated by greater interstate cooperation among, and mobility of, medical professionals through the use of telemedicine and other means. Therefore, it is desirable to authorize the executive director of the department of regulatory agencies, together with the Colorado medical board created in [section 12-36-103, C.R.S.](#), and the state board of nursing created in [section 12-38-104, C.R.S.](#), and in consultation with representatives of other relevant state agencies, to negotiate one or more interstate compacts endorsing model legislation to facilitate the efficient distribution of health care services across state lines.

HISTORY: Source: L. 2005: Entire part added, p. 576, § 2, effective July 1. L. 2010: Entire section amended, [\(HB 10-1260\), ch. 403, p. 1989, § 83](#), effective July 1.

Connecticut

Conn. Gen. Stat. § 20-9 (2014)

Sec. 20-9. Who may practice medicine or surgery. [Effective until July 1, 2014.]

(a) No person shall, for compensation, gain or reward, received or expected, diagnose, treat, operate for or prescribe for any injury, deformity, ailment or disease, actual or imaginary, of another person, nor practice surgery, until he has obtained such a license as provided in section 20-10, and then only in the kind or branch of practice stated in such license.

(b) The provisions of this chapter shall not apply to:

(1) Dentists while practicing dentistry only;

(2) Any person in the employ of the United States government while acting in the scope of his employment;

(3) Any person who furnishes medical or surgical assistance in cases of sudden emergency;

(4) Any person residing out of this state who is employed to come into this state to render temporary assistance to or consult with any physician or surgeon who has been licensed in conformity with the provisions of this chapter;

(5) Any physician or surgeon residing out of this state who holds a current license in good standing in another state and who is employed to come into this state to treat, operate or prescribe for any injury, deformity, ailment or disease from which the person who employed such physician, or the person on behalf of whom such physician is employed, is suffering at the time when such nonresident physician or surgeon is so employed, provided such physician or surgeon may practice in this state without a Connecticut license for a period not to exceed thirty consecutive days;

(6) Any person rendering service as (A) an advanced practice registered nurse if such service is rendered in collaboration with a licensed physician, or (B) an advanced practice registered nurse maintaining classification from the American Association of Nurse Anesthetists if such service is under the direction of a licensed physician;

(7) Any nurse-midwife practicing nurse-midwifery in accordance with the provisions of chapter 377;

(8) Any podiatrist licensed in accordance with the provisions of chapter 375;

(9) Any Christian Science practitioner who does not use or prescribe in his practice any drugs, poisons, medicines, chemicals, nostrums or surgery;

(10) Any person licensed to practice any of the healing arts named in section 20-1, who does not use or prescribe in his practice any drugs, medicines, poisons, chemicals, nostrums or surgery;

(11) Any graduate of any school or institution giving instruction in the healing arts who has been issued a permit in accordance with subsection (a) of section 20-11a and who is serving as an intern, resident or medical officer candidate in a hospital;

(12) Any student participating in a clinical clerkship program who has the qualifications specified in subsection (b) of section 20-11a;

(13) Any person, otherwise qualified to practice medicine in this state except that he is a graduate of a medical school located outside of the United States or the Dominion of Canada which school is recognized by the American Medical Association or the World Health Organization, to whom the Connecticut Medical Examining Board, subject to such regulations as the Commissioner of Public Health, with advice and assistance from the board, prescribes, has issued a permit to serve as an intern or resident in a hospital in this state for the purpose of extending his education;

(14) Any person rendering service as a physician assistant licensed pursuant to section 20-12b, a registered nurse, a licensed practical nurse or a paramedic, as defined in subdivision (15) of section 19a-175, acting within the scope of regulations adopted pursuant to section 19a-179, if such service is rendered under the supervision, control and responsibility of a licensed physician;

(15) Any student enrolled in an accredited physician assistant program or paramedic program approved in accordance with regulations adopted pursuant to section 19a-179, who is performing such work as is incidental to his course of study;

(16) Any person who, on June 1, 1993, has worked continuously in this state since 1979 performing diagnostic radiology services and who, as of October 31, 1997, continued to render such services under the supervision, control and responsibility of a licensed physician solely within the setting where such person was employed on June 1, 1993;

(17) Any person practicing athletic training, as defined in section 20-65f;

(18) When deemed by the Connecticut Medical Examining Board to be in the public's interest, based on such considerations as academic attainments, specialty board certification and years of experience, to a foreign physician or surgeon whose professional activities shall be confined within the confines of a recognized medical school;

(19) Any technician engaging in tattooing in accordance with the provisions of section 19a-92a and any regulations adopted thereunder;

(20) Any person practicing perfusion, as defined in section 20-162aa;

(21) Any foreign physician or surgeon (A) participating in supervised clinical training under the direct supervision and control of a physician or surgeon licensed in accordance with the provisions of this chapter, and (B) whose professional activities are confined to a licensed hospital that has a residency program accredited by the Accreditation Council for Graduate Medical Education or that is a primary affiliated teaching hospital of a medical school accredited by the Liaison Committee on Medical Education. Such hospital shall verify that the foreign physician or surgeon holds a current valid license in another country; or

(22) Any person practicing as a nuclear medicine technologist, as defined in section 66 of this act, while performing under the supervision and direction of a physician licensed in accordance with the provisions of this chapter.

(c) This section shall not authorize anyone to practice optometry, as defined in chapter 380, or to practice dentistry, as defined in chapter 379, or dental hygiene, as defined in chapter 379a.

(d) The provisions of subsection (a) of this section shall apply to any individual whose practice of medicine includes any ongoing, regular or contractual arrangement whereby, regardless of residency in this or any other state, he provides, through electronic communications or interstate commerce, diagnostic or treatment services, including primary diagnosis of pathology specimens, slides or images, to any person located in this state. In the case of electronic transmissions of radiographic images, licensure shall be required for an out-of-state physician who provides, through an ongoing, regular or contractual arrangement, official written reports of diagnostic evaluations of such images to physicians or patients in this state. The provisions of subsection (a) of this section shall not apply to a nonresident physician who, while located outside this state, consults (A) on an irregular basis with a physician licensed by section 20-10 who is located in this state or (B) with a medical school within this state for educational or medical training purposes. Notwithstanding the provisions of this subsection, the provisions of subsection (a) of this section shall not apply to any individual who regularly provides the types of services described in this subsection pursuant to any agreement or arrangement with a short-term acute care general hospital, licensed by the Department of Public Health, provided such agreement or arrangement was entered into prior to February 1, 1996, and is in effect as of October 1, 1996.

(e) On and after October 1, 1999, any person licensed as an osteopathic physician or osteopath pursuant to chapter 371 shall be deemed licensed as a physician and surgeon pursuant to this chapter.

History:

1949 Rev., S. 4363; 1949, 1951, S. 2191d; 1959, P.A. 393, S. 1; 1971, P.A. 717; 1972, P.A. 80, S. 1; P.A. 75-39, S. 1; P.A. 77-519, S. 4, 6; 77-614, S. 349, 610; P.A. 84-546, S. 157, 173; P.A. 86-20; 86-403, S. 130, 132; P.A. 88-362, S. 1; P.A. 89-389, S. 4, 22; P.A. 90-211, S. 2, 23; P.A. 93-296, S. 7, 10; 93-381, S. 9, 39; P.A. 94-105, S. 2, 4; P.A. 95-98; 95-257, S. 12, 21, 58; P.A. 96-148; P.A. 97-311, S. 17; P.A. 98-43, S. 3; P.A. 98-166, S. 5, 9; June Sp. Sess. P.A. 98-1, S. 18, 121; P.A. 99-102, S. 2; 99-168, S. 5; P.A. 00-47, S. 2; 00-226, S. 11, 20; P.A. 03-252, S. 8; P.A. 05-280, S. 76, 77; P.A. 10-117, S. 61; P.A. 13-208, S. 67, eff. July 1, 2013.

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TITLE 64 DEPARTMENT OF HEALTH
DIVISION 64B8 BOARD OF MEDICINE
CHAPTER 64B8-9 STANDARDS OF PRACTICE FOR MEDICAL DOCTORS

64B8-9.0141, F.A.C.

64B8-9.0141 Standards for **Telemedicine** Practice.

(1) "**Telemedicine**" means the practice of medicine by a licensed Florida physician or physician assistant where patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. **Telemedicine** shall not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof.

(2) The standard of care, as defined in Section 456.50(1)(e), F.S., shall remain the same regardless of whether a Florida licensed physician or physician assistant provides health care services in person or by **telemedicine**.

(3) Florida licensed physicians and physician assistants providing health care services by **telemedicine** are responsible for the quality of the equipment and technology employed and are responsible for their safe use. **Telemedicine** equipment and technology must be able to provide, at a minimum, the same information to the physician and physician assistant which will enable them to meet or exceed the prevailing standard of care for the practice of medicine.

(4) Controlled substances shall not be prescribed through the use of **telemedicine**.

(5) The practice of medicine by **telemedicine** does not alter any obligation of the physician or the physician assistant regarding patient confidentiality or recordkeeping.

(6) A physician-patient relationship may be established through **telemedicine**.

(7)(a) Nothing contained in this rule shall prohibit consultations between physicians or the transmission and review of digital images, pathology specimens, test results, or other medical data by physicians or other qualified providers related to the care of Florida patients.

(b) This rule does not apply to emergency medical services provided by emergency physicians, emergency medical technicians (EMTs), paramedics, and emergency dispatchers. Emergency medical services are those activities or services to prevent or treat a sudden critical illness or injury and to provide emergency medical care and prehospital emergency medical transportation to sick, injured, or otherwise incapacitated persons in this state.

(c) The provisions of this rule shall not apply where a physician or physician assistant is treating a patient with an emergency medical condition that requires immediate medical care. An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment to bodily functions, or serious dysfunction of a body organ or part.

AUTHORITY: Rulemaking Authority 458.331(1)(v) FS.
Law Implemented 458.331(1)(v) FS.

HISTORY
New 3-12-14.

64B15-14.0081, F.A.C.

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TITLE 64 DEPARTMENT OF HEALTH
DIVISION 64B15 BOARD OF OSTEOPATHIC MEDICINE
CHAPTER 64B15-14 PRACTICE REQUIREMENTS

64B15-14.0081, F.A.C.

64B15-14.0081 Standards for **Telemedicine** Practice.

(1) "**Telemedicine**" means the practice of medicine by a licensed Florida physician or physician assistant where patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. **Telemedicine** shall not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S.

Mail or other parcel service, or any combination thereof.

(2) The standard of care, as defined in Section 456.50(1)(e), F.S., shall remain the same regardless of whether a Florida licensed physician or physician assistant provides health care services in person or by **telemedicine**.

(3) Florida licensed physicians and physician assistants providing health care services by **telemedicine** are responsible for the quality of the equipment and technology employed and are responsible for their safe use. **Telemedicine** equipment and technology must be able to provide, at a minimum, the same information to the physician and physician assistant which will enable them to meet or exceed the prevailing standard of care for the practice of medicine.

(4) Controlled substances shall not be prescribed through the use of **telemedicine**.

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(7)(a) Nothing contained in this rule shall prohibit consultations between physicians or the transmission and review of digital images, pathology specimens, test results, or other medical data by physicians or other qualified providers related to the care of Florida patients.

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(c) The provisions of this rule shall not apply where a physician or physician assistant is treating a patient with an emergency medical condition that requires immediate medical care. An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment to bodily functions, or serious dysfunction of a body organ or part.

AUTHORITY: Rulemaking Authority 459.015(1)(z) FS.

Law Implemented 459.015(1)(z) FS.

HISTORY

New 3-12-14.

HRS § 453-1.3

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DIVISION 2. BUSINESS

TITLE 25 Professions And Occupations

CHAPTER 453 Medicine and Surgery

PART I. Generally

Go to the Hawaii Code Archive Directory

HRS § 453-1.3 (2013)

[§ 453-1.3.] Practice of telemedicine.

(a) Subject to section 453-2(b), nothing in this section shall preclude any physician acting within the scope of the physician's license to practice from practicing **telemedicine** as defined in this section.

(b) For the purposes of this section, "**telemedicine**" means the use of telecommunications services, including real-time video or web conferencing communication or secure web-based communication to establish a physician-patient relationship, to evaluate a patient, or to treat a patient. "**Telehealth**" as used in chapters 431, 432, and 432D, includes "**telemedicine**" as defined in this section.

(c) **Telemedicine** services shall include a documented patient evaluation, including history and a discussion of physical symptoms adequate to establish a diagnosis and to identify underlying conditions or contra-indications to the treatment recommended or provided.

(d) Treatment recommendations made via **telemedicine**, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional physician-patient settings that do not include a face-to-face visit but in which prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged. Issuing a prescription based solely on an online questionnaire is not treatment for the purposes of this section and does not constitute an acceptable

standard of care. For the purposes of prescribing a controlled substance, a physician-patient relationship shall be established pursuant to chapter 329.

(e) All medical reports resulting from **telemedicine** services are part of a patient's health record and shall be made available to the patient. Patient medical records shall be maintained in compliance with all applicable state and federal requirements including privacy requirements.

(f) A physician shall not use **telemedicine** to establish a physician-patient relationship with a patient in this State without a license to practice medicine in Hawaii. Once a provider-patient relationship is established, a patient or physician licensed in this State may use **telemedicine** for any purpose, including consultation with a medical provider licensed in another state, authorized by this section, or as otherwise provided by law.

HISTORY: L 2009, c 20, § 2, effective April 28, 2009; am L 2013, c 189, § 1, effective June 25, 2013.

NOTES: Editor's note.

2009 Haw. Sess. Laws, Act 20, § 1, provides:

"Since 1999, the legislature has supported the use and expansion of **telehealth** services and technology in Hawaii. In the past, **telehealth** services were primarily facility-based without a consumer driven component. With internet-based technology revolutionizing the way consumers acquire goods and services today, it is now possible to apply this technology to health care. Hawaii is poised to become the first state in the nation to provide statewide consumer access to local physicians via the Internet and telephone. Individuals will be able to interact with local physicians in a real time, secure, and private online environment.

"Supporting this expanded use of technology for **telemedicine** services will increase access to health care in rural areas of the State. People living in Hawaii's rural areas often find it more difficult to access specialty physician care. The use of new and improved technologies to deliver effective and prompt health care will allow residents to promptly consult with a specialist.

"Difficulty or inability to visit a specialist often forces individuals to delay appropriate health care. These delays may ultimately lead to worsened health outcomes which could have been avoided. New technology will provide additional options to access care through discussion with a local physician live via the Internet or telephone twenty-four hours a day, seven days a week.

"Expansion of **telemedicine** services may also assist in containing rising health care costs. The availability of immediate access to physicians may prevent inappropriate and expensive trips to the emergency room. Those without health care coverage who currently access non-emergent care in the emergency room would be able to

visit a physician online. As consumers become more comfortable receiving care through **telemedicine**, hospitals could see a decrease not only in inappropriate emergency room usage, but also a decrease in uncompensated care.

"In addition, since rural areas locally and across the nation find it increasingly difficult to attract and retain physicians, particularly specialists, expansion of **telemedicine** services may attract physicians to practice in these areas. **Telemedicine** will provide physicians with greater flexibility and freedom within their practices wherever they are physically located in Hawaii. The resulting lifestyle improvement without sacrifice of income may prove to be an attractive incentive for physicians to practice in rural areas.

"Despite the legislature's clear and consistent support of expanded use of **telemedicine** to improve access to health care services throughout the State, questions have recently been raised by the Hawaii medical board about the appropriate use of this technology to establish the physician-patient relationship. Therefore, the purpose of this Act is to reinforce the legislature's support of online care services through **telemedicine** by:

"(1) Clarifying that **telemedicine** is within a physician's scope of practice and is authorized in Hawaii when practiced by a licensed physician providing services to patients; and

"(2) Further clarifying the current laws regarding **telehealth** to ensure compliance with changes made to the law regulating the practice of medicine."

Effective date.

This section becomes effective April 28, 2009.

The 2013 amendment added "Subject to section 453-2(b)" in (a) and made a stylistic change.

HRS § 453-2

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DIVISION 2. BUSINESS
TITLE 25 Professions And Occupations
CHAPTER 453 Medicine and Surgery
PART I. Generally

HRS § 453-2 (2013)

§ 453-2. License required; exceptions.

(a) Except as otherwise provided by law, no person shall practice medicine or surgery in the State, either gratuitously or for pay, or offer to practice medicine or surgery in the State, or advertise or announce one's self, either publicly or privately, as prepared or qualified to practice medicine or surgery in the State, or append the letters "Dr.", "M.D.", or "D.O." to one's name with the intent to imply that the person is a practitioner of medicine or surgery, without having a valid unrevoked license or a limited and temporary license obtained from the Hawaii medical board.

(b) Nothing herein shall:

(1) Apply to so-called Christian Scientists; provided that the Christian Scientists practice the religious tenets of their church without pretending a knowledge of medicine or surgery;

(2) Prohibit service in the case of emergency or the domestic administration of family remedies;

(3) Apply to any commissioned medical officer in the United States armed forces or public health service engaged in the discharge of one's official duty, including a commissioned medical officer employed by the United States Department of Defense, while providing direct **telemedicine** support or services to neighbor island beneficiaries within a Hawaii national guard armory on the island of Kauai, Hawaii, Molokai, or Maui; provided that the commissioned medical officer employed by the United States Department of Defense is credentialed by Tripler Army Medical Center;

(4) Apply to any practitioner of medicine and surgery from another state when in actual consultation, including in-person, mail, electronic, telephonic, fiber-optic, or other **telemedicine** consultation with a licensed physician or osteopathic physician of this State, if the physician or osteopathic physician from another state at the time of consultation is licensed to practice in the state in which the physician or osteopathic physician resides; provided that:

(A) The physician or osteopathic physician from another state shall not open an office, or appoint a place to meet patients in this State, or receive calls within the limits of the State for the provision of care for a patient who is located in this State;

(B) The licensed physician or osteopathic physician of this State retains control and remains responsible for the provision of care for the patient who is located in this State; and

(C) The laws and rules relating to contagious diseases are not violated;

(5) Prohibit services rendered by any person certified under part II of this chapter to provide emergency medical services, or any physician assistant, when the services are rendered under the direction and control of a physician or osteopathic physician licensed in this State except for final refraction resulting in a prescription for spectacles, contact lenses, or visual training as performed by an oculist or optometrist duly licensed by the State. The direction and control shall not be construed in every case to require the personal presence of the supervising and controlling physician or osteopathic physician. Any physician or osteopathic physician who employs or directs a person certified under part II of this chapter to provide emergency medical services, or a physician assistant, shall retain full professional and personal responsibility for any act that constitutes the practice of medicine when performed by the certified person or physician assistant;

(6) Prohibit automated external defibrillation by:

(A) Any first responder personnel certified by the department of health to provide automated external defibrillation when it is rendered under the medical oversight of a physician or osteopathic physician licensed in this State; or

(B) Any person acting in accordance with section 663-1.5(e); or

(7) Prohibit a radiologist duly licensed to practice medicine and provide radiology services in another state from using **telemedicine** while located in this State to provide radiology services to a patient who is located in the state in which the radiologist is licensed. For the purposes of this paragraph:

"Radiologist" means a doctor of medicine or a doctor of osteopathy certified in radiology by the American Board of Radiology or the American Board of Osteopathy.

"**Telemedicine**" means the use of telecommunications services, as that term is defined in section 269-1, including real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, such as diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, and deliver health care services and information to parties separated by distance.

(c) Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional Native Hawaiian healing practices, both as recognized and certified as such by any kupuna council convened by Papa Ola Lokahi. No person or organization involved with the selection of kupuna council members, the

convening of a kupuna council, or the certification process of healers under this subsection shall be sued or held liable for any cause of action that may arise out of their participation in the selection, convening, or certification process. Nothing in this chapter shall limit, alter, or otherwise adversely affect any rights of practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii.

HISTORY: L 1896, c 60, § 1; am L 1905, c 48, § 1; am L 1909, c 124, § 1; am L 1919, c 22, § 1; am L 1920, c 37, § 2; am L 1921, c 14; RL 1925, § 1022; am L 1925, c 26, § 1; RL 1935, § 1200; am L 1939, c 183, § 1; RL 1945, § 2501; RL 1955, § 64-2; am L 1959, c 271, § 1; am L Sp 1959 2d, c 1, § 19; HRS § 453-2; am L 1969, c 257, § 1; am L 1973, c 111, § 1; am L 1976, c 219, § 6; am L 1977, c 167, § 12; am L 1978, c 148, § 2(2); am L 1982, c 112, § 4; am L 1983, c 92, pt of § 1(1); am L 1984, c 168, § 7; am L 1985, c 68, § 14; am L 1987, c 147, § 1; am L 1988, c 110, § 1; am L 1993, c 163, § 1; am L 1997, c 364, § 3; am L 1998, c 160, § 1; am L 1998, c 162, § 3; am L 2001, c 304, § 1; am L 2005, c 153, § 1; am L 2007, c 91, § 1; am L 2007, c 255, § 1; am L 2008, c 5, § 3, effective April 3, 2008; am L 2013, c 189, § 2, effective June 25, 2013.

NOTES: Editor's note.

The term "board of medical examiners" (Hawaii medical board) within this section was replaced with "Hawaii medical board", pursuant to 2008 Haw. Sess. Laws, Act 9, § 3.

The 2005 amendment, effective June 23, 2005, in subsection (c) substituted references to "kupuna council" for references to "panel" throughout, inserted "the convening of a kupuna council", substituted "or the certification process" for "or the denial of certification," inserted "sued or," inserted "convening," added the last sentence, and made stylistic changes.

The 2007 amendments.

2007 Haw. Sess. Laws, Act 91, § 1 effective May 23, 2007, in subsection (b), substituted "automated" for "automatic" in subsection (5), and rewrote subsection (5)(B).

2007 Haw. Sess. Laws, Act 255, § 1, effective July 5, 2007, in subsection (a), inserted "medicine or surgery in the state," twice, substituted "person" for "individual," deleted "in form and manner substantially as hereinafter set forth" following "medical examiners"; in subsection (b), substituted "provided that the Christian scientists" for "so long as they merely"; in subsection (1), deleted "but not limited to" preceding "in person" in subsection (3), in subsection (3)(A), inserted "in this State," and added "for the provision of care for a patient who is located in this State", in subsection (3)(B), substituted "who is located in this State; and" for "and provided further that the"; and added subsection (C) designation, added subsection (6); and made related and stylistic changes.

The 2008 amendment added "or 'D.O.'" in (a); in (b)(3) and (b)(4), added "or osteopathic physician" throughout; substituted "the certified" for "such" in (b)(4); and made related and stylistic changes.

The 2013 amendment substituted "including a commissioned medical officer employed by the United States Department of Defense, while providing direct **telemedicine** support or services to neighbor island beneficiaries within a Hawaii national guard armory on the island of Kauai, Hawaii, Molokai, or Maui; provided that the

commissioned medical officer employed by the United States Department of Defense is credentialed by Tripler Army Medical Center" for "nor" in (b)(3); added the (b)(4) designation; added "Apply" in the introductory language of (b)(4); and redesignated former (b)(4) through (b)(6) as (b)(5) through (b)(7).

Cross references.

As to the unauthorized practice of optometry, see § 459-2.

HRS § 455-1.5

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DIVISION 2. BUSINESS
TITLE 25 Professions And Occupations
CHAPTER 455 Naturopathic Medicine

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HRS § 455-1.5 (2013)

[§ 455-1.5.] Exceptions; scope of chapter.

Nothing in this chapter shall be construed to prohibit or restrict:

- (1) The practice of a profession by individuals who are licensed, certified, or registered under the laws of this State who are performing services within their authorized scope of practice;
- (2) The practice of naturopathic medicine by an individual employed by the government of the United States while the individual is engaged in the performance of duties required of the individual by the laws and regulations of the United States;
- (3) The practice of naturopathic medicine by students enrolled in a school that meets the requirements of section 455-3. The performance of naturopathic medicine by students shall be pursuant to a course of instruction or assignments from an instructor and under the supervision of an instructor who is a naturopathic physician licensed pursuant to this chapter; and

(4) The practice by a doctor of naturopathic medicine duly registered or licensed in another state, territory, or the District of Columbia who is called into this state for consultation with a licensed naturopathic physician, including in-person, mail, electronic, telephonic, fiber-optic, or other **telemedicine** consultation; provided that:

(A) The naturopathic physician from another state shall not open an office, appoint a place to meet patients, or receive calls within this state for the provision of care for a patient who is located in this state; and

(B) The licensed naturopathic physician of this state retains control and remains responsible for the provision of care for the patient who is located in this state.

HISTORY: L 1st Sp. Sess. 2009, c 22, § 1, effective January 1, 2010.

NOTES: Effective date.

This section becomes effective January 1, 2010.

HRS § 465-3

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DIVISION 2. BUSINESS
TITLE 25 Professions And Occupations
CHAPTER 465 Psychologists

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HRS § 465-3 (2013)

§ 465-3. Exemptions.

(a) This chapter shall not apply to:

(1) Any person teaching, lecturing, consulting, or engaging in research in psychology insofar as the activities are performed as part of or are dependent upon employment in a college or university; provided that the person shall not engage in the practice of psychology outside the responsibilities of the person's employment;

(2) Any person who performs any, or any combination of the professional services defined as the practice of psychology under the direction of a licensed psychologist in accordance with rules adopted by the board; provided that the person may use the term "psychological assistant", but shall not identify the person's self as a psychologist or imply that the person is licensed to practice psychology;

(3) Any person employed by a local, state, or federal government agency in a school psychologist or psychological examiner position, or a position that does not involve diagnostic or treatment services, but only at those times when that person is carrying out the functions of such government employment;

(4) Any person who is a student of psychology, a psychological intern, or a resident in psychology preparing for the profession of psychology under supervision in a training institution or facility and who is designated by a title as "psychology trainee", "psychology student", "psychology intern", or "psychology resident", that indicates the person's training status; provided that the person shall not identify the person's self as a psychologist or imply that the person is licensed to practice psychology;

(5) Any person who is a member of another profession licensed under the laws of this jurisdiction to render or advertise services, including psychotherapy, within the scope of practice as defined in the statutes or rules regulating the person's professional practice; provided that, notwithstanding section 465-1, the person does not represent the person's self to be a psychologist or does not represent that the person is licensed to practice psychology;

(6) Any person who is a member of a mental health profession not requiring licensure; provided that the person functions only within the person's professional capacities; and provided further that the person does not represent the person to be a psychologist, or the person's services as psychological;

(7) Any person who is a duly recognized member of the clergy; provided that the person functions only within the person's capacities as a member of the clergy; and provided further that the person does not represent the person to be a psychologist, or the person's services as psychological; or

(8) Any psychologist employed by the United States Department of Defense, while engaged in the discharge of the psychologist's official duty and providing direct **telehealth** support or services, as defined in section 431:10A-116.3, to neighbor island beneficiaries within a Hawaii national guard armory on the island of Kauai, Hawaii, Molokai, or Maui; provided that the psychologist employed by the United States Department of Defense is credentialed by Tripler Army Medical Center.

(b) Nothing in this chapter shall in any way restrict any person from carrying on any of the psychological activities as defined in section 465-1; provided that such person does not offer psychological services as defined in this chapter except as such activities are incidental to the person's lawful occupational purpose.

(c) A person may use the title of industrial/organizational psychologist, provided that the person registers with the board, and:

(1) Is professionally competent in the practice of industrial/organizational psychology; and

(2) Holds a doctoral degree from an accredited institution of higher education with training and education in industrial/organizational psychology, satisfactory to the board; and

(3) Provides psychological service or consultation to organizations which does not involve the delivery or supervision of direct psychological services to individuals or groups of individuals, without regard to the source or extent of payment for services rendered.

(d) Nothing in this chapter shall prevent the provision of expert testimony by a psychologist who is otherwise exempted by this chapter.

(e) Nothing in this chapter shall be construed as permitting the administration or prescription of drugs, or in any way engaging in the practice of medicine as defined in the laws of the State.

HISTORY: L 1967, c 290, pt of § 1; HRS § 465-3; am L 1971, c 84, § 3; am L 1980, c 91, § 1; am L 1983, c 95, § 1; am L 1985, c 115, § 5; am L 1988, c 197, § 2; am L 1994, c 125, § 2; am L 2000, c 94, § 1; am L 2013, c 189, § 3, effective June 25, 2013.

NOTES: The 2013 amendment added (a)(8) and made related changes.

HRS § 466J-6 (2013)

§ 466J-6. Persons exempted.

(a) Any provision in this chapter to the contrary notwithstanding, a license shall not be required for:

(1) A licensed medical practitioner in radiology;

(2) A licensed practitioner of nuclear medicine;

(3) A licensed physician assistant;

(4) A licensed doctor of dentistry;

(5) A licensed dental technician;

(6) A licensed dental hygienist;

(7) A student in an approved school for radiographers, radiation therapists, or nuclear medicine technologists, or in a school of medicine, podiatry, dentistry, or a chiropractic school; provided that the student is operating x-ray machines under the direct supervision of a licensed radiographer, licensed radiation therapist, licensed nuclear medicine technologist, or a qualified person pursuant to this chapter; and

(8) A radiologist duly licensed to practice medicine and radiology services in another state who uses

telemedicine while located in this State to provide radiology services to a patient who is located in the state in which the radiologist is licensed. For the purposes of this paragraph:

"Radiologist" means a doctor of medicine or a doctor of osteopathy certified in radiology by the American Board of Radiology or the American Board of Osteopathy.

"Telemedicine" means the use of telecommunications services, as that term is defined in section 269-1, including real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, such as diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, and deliver health care services and information to parties separated by distance.

(b) The board may issue special temporary permits upon request to unlicensed radiographers working in shortage areas.

HISTORY: L 1974, c 253, pt of § 2; am L 1980, c 128, pt of § 1; am [L 1990, c 273](#), § 8; am [L 1995, c 143](#), § 6; am [L 2007, c 255](#), § 2; am [L 2009, c 151](#), § 20, effective June 25, 2009.

Illinois

225 ILCS 60/49.5 (2014)

§ 225 ILCS 60/49.5. (For postponed repeal of this Act, see notes under 225 ILCS 60/1) Telemedicine

Sec. 49.5. (a) The General Assembly finds and declares that because of technological advances and changing practice patterns the practice of medicine is occurring with increasing frequency across state lines and that certain technological advances in the practice of medicine are in the public interest. The General Assembly further finds and declares that the practice of medicine is a privilege and that the licensure by this State of practitioners outside this State engaging in medical practice within this State and the ability to discipline those practitioners is necessary for the protection of the public health, welfare, and safety.

(b) A person who engages in the practice of telemedicine without a license issued under this Act shall be subject to penalties provided in Section 59 [[225 ILCS 60/59](#)].

(c) For purposes of this Act, "telemedicine" means the performance of any of the activities listed in Section 49 [[225 ILCS 60/49](#)], including but not limited to rendering written or oral opinions concerning diagnosis or treatment of a patient in Illinois by a person located outside the State of Illinois as a result of transmission of individual patient data by telephonic, electronic, or other means of communication from within this State. "Telemedicine" does not include the following:

(1) periodic consultations between a person licensed under this Act and a person outside the State of Illinois;

(2) a second opinion provided to a person licensed under this Act; and

(3) diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed to practice medicine.

(d) Whenever the Department has reason to believe that a person has violated this Section, the Department may issue a rule to show cause why an order to cease and desist should not be entered against that person. The rule shall clearly set forth the grounds relied upon by the Department and shall provide a period of 7 days from the date of the rule to file an answer to the satisfaction of the Department. Failure to answer to the satisfaction of the Department shall cause an order to cease and desist to be issued immediately.

(e) An out-of-state person providing a service listed in Section 49 [[225 ILCS 60/49](#)] to a patient residing in Illinois through the practice of telemedicine submits himself or herself to the jurisdiction of the courts of this State.

HISTORY:

Utah Telehealth Study - Phase 2 Report

Prepared by Pilot Healthcare Strategies for the Utah Division of Occupational and Professional Licensing

May 2, 2014

Source: [P.A. 90-99](#), § 5.

NOTES:

EFFECTIVE DATE.

This section became effective January 1, 1998 pursuant to [Ill. Const. \(1970\), Art. IV, § 10](#) and [5 ILCS 75/1](#).

KRS § 311.560

KENTUCKY REVISED STATUTES ANNOTATED

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*** Current through the 2013 First Extraordinary Session ***

*** Annotations current through October 4, 2013 ***

TITLE XXVI Occupations and Professions

CHAPTER 311 Physicians, Osteopaths, Podiatrists, and Related Medical Practitioners

Practice of Medicine and Osteopathy

Go to the Kentucky Code Archive Directory

KRS § 311.560 (2013)

311.560. Prohibition against practice of medicine or osteopathy without license -- Exceptions.

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

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

(a) Commissioned medical officers of the Armed Forces of the United States, or medical officers of the United States Public Health Service, the United States Veterans Administration, and other agencies of the government of the United States of America, while said persons are engaged in the performance, within this state, of their official duties under federal laws;

(b) 1. Persons who, being nonresidents of Kentucky and lawfully licensed to practice medicine or osteopathy in their states of actual residence, infrequently engage in the practice of medicine or osteopathy within this state, when called to see or attend particular patients in consultation and association with a physician licensed pursuant to this chapter; or

2. Persons who, being current participants in a medical residency program outside of Kentucky and lawfully

licensed to practice medicine or osteopathy in the states of their medical residency programs, who participate in a temporary residency rotation of no more than sixty (60) days at a hospital in this Commonwealth. All persons who participate in a temporary residency rotation under this paragraph shall register with the board at no cost, on forms provided by the board, and shall be subject to the jurisdiction of the board for so long as they participate in the residency rotation. Persons who wish to participate in a second or subsequent temporary residency rotation under this paragraph shall seek advance approval of the board;

(c) Graduates of medical or osteopathic schools approved by the board, while engaged in performing supervised internship or first-year postgraduate training approved by the board at hospitals in this state. All first-year postgraduate trainees shall register with the board at no cost, on forms provided by the board. No first-year postgraduate trainee shall violate the provisions of KRS 311.595 or KRS 311.597, and any first-year postgraduate trainee who is released or discharged from a training program for a reason that falls within KRS 311.595 or 311.597 shall be reported by the program director to the board. A residency physician who participates in a temporary residency rotation under paragraph (b) of this subsection shall not be required to obtain a license under KRS 311.530 to 311.620;

(d) Physicians employed by a sports entity visiting Kentucky for a specific sporting event when the physician holds an active medical or osteopathic license in another state and limits the practice of medicine in Kentucky to medical treatment of the members, coaches, and staff of the sports entity that employs the physician; or

(e) Persons who are nonresidents of Kentucky and licensed to practice medicine or osteopathy in their states of residence and are providing medical services as a charitable health-care provider in Kentucky through a nonprofit, all-volunteer sponsoring organization as provided for under KRS 216.940 to 216.945, after confirming to the board that their licenses are currently in good standing in their states of residence and having been issued a written waiver by the board to provide these services during the specific period stated in the written waiver.

HISTORY: (Enact. Acts 1952, ch. 150, § 3; 1972, ch. 218, § 7; 1990 Ky. Acts ch. 495, § 12; 1998, ch. 228, § 2, effective July 15, 1998; 2000, ch. 291, § 1, effective July 14, 2000; 2002, ch. 130, § 5, effective July 15, 2002; 2004, ch. 35, § 3, effective July 13, 2004; 2007, ch. 96, § 10, effective June 26, 2007; 2009, ch. 5, § 2, effective June 25, 2009.)

La. R.S. 37:1276.1

LOUISIANA STATUTES ANNOTATED
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*** Annotations are current through March 14, 2014 ***

LOUISIANA REVISED STATUTES
TITLE 37. PROFESSIONS AND OCCUPATIONS
CHAPTER 15. PHYSICIANS, SURGEONS, AND MIDWIVES
PART 1. MEDICINE, SURGERY, MIDWIFERY

La. R.S. 37:1276.1 (2013)

§ 37:1276.1. **Telemedicine** license

A. The board shall issue a **telemedicine** license to allow the practice of medicine across state lines to an applicant who holds a full and unrestricted license to practice medicine in another state or territory of the United States.

B. The board shall establish by rule in accordance with the Administrative Procedure Act the requirements for licensure under this Section provided the rules include the following:

(1) The physician licensed under this Section shall not open an office in this state, shall not meet with patients in this state, and shall not receive calls in this state from patients.

(2) The physician, when examining a patient by **telemedicine**, shall establish a bona fide physician-patient relationship by:

(a) Conducting an appropriate examination of the patient as determined by the board.

(b) Establishing a diagnosis through the use of accepted medical practices including but not limited to patient history, mental status, and appropriate diagnostic and laboratory testing.

(c) Discussing with the patient any diagnosis as well as the risks and benefits of various treatment options.

(d) Ensuring the availability for appropriate follow-up care.

(e) Fulfilling any other requirements as deemed appropriate and necessary by the board.

(3) The board may establish by rule additional qualifications, requirements, scope, and limitations of the use of **telemedicine** in this state as the board may deem appropriate.

C. Any physician licensed to practice **telemedicine** in accordance with this Section shall be subject to the provisions of this Part, the jurisdiction of the board, applicable state law, and, with respect to providing medical services to state residents, to the jurisdiction of Louisiana courts.

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

Physician Licensing & Continuing Education

HISTORY: Acts 2008, No. 850, § 1.

NOTES:

LexisNexis (R) Notes:

Quoted Statutory Material

Acts 2008, No. 850, § 2, provides that "The provisions of this Act shall become effective upon the final adoption of the necessary rules and regulations promulgated by the Louisiana State Board of Medical Examiners."



RELATED STATUTES & RULES

Louisiana Law:

License to practice medicine or **telemedicine** required, see La. R.S. 37:1271.

LAC 46:XLV.7513

LOUISIANA ADMINISTRATIVE CODE

*** Last amended December 2013, compiled December 2013 ***

TITLE 46 PROFESSIONAL AND OCCUPATIONAL STANDARDS
PART XLV MEDICAL PROFESSIONS
SUBPART 3 PRACTICE
CHAPTER 75 **TELEMEDICINE**
SUBCHAPTER A GENERAL PROVISIONS

LAC 46:XLV.7513 (2013)

§ 7513. Prohibitions

A. **Telemedicine** shall not be utilized to provide medical services to patients located in this state in the absence of medical licensure or a current **telemedicine** permit issued by the board and other than in compliance with the rules of this Chapter.

B. No physician shall utilize **telemedicine**:

1. for the treatment of non-cancer related chronic or intractable pain, as set forth in §§ 6915-6923 of the board's rules;

2. for the treatment of obesity, as set forth in §§ 6901-6913 of the board's rules;

3. to authorize or order the prescription, dispensation or administration of any amphetamine or narcotic, provided, however, that this limitation shall not apply to a physician who is currently certificated by a specialty board of the American Board of Medical Specialties or the American Osteopathic Association:

a. in the specialty of psychiatry from using amphetamines in the treatment of his or her patients suffering from attention deficit disorder; or

b. the American Society of Addiction Medicine in the subspecialty of addictive medicine from using narcotics in the treatment of an addictive disorder, provided such is permitted by and in conformity with all applicable federal and state laws and regulations; or

4. to provide care to a patient who is physically located outside of this state, unless the physician possesses lawful authority to do so by the licensing authority of the state in which the patient is located.

C. A physician shall not utilize **telemedicine** except in the usual course and scope of his or her medical practice.

D. A non-Louisiana licensed physician who practices across state lines by virtue of a **telemedicine** permit issued by the board shall not:

1. open an office in this state;
2. meet with patients in this state;
3. receive telephone calls in this state from patients; or
4. engage in the practice of medicine in this state beyond the limited authority conferred by his or her **telemedicine** permit.

E. No physician shall supervise, collaborate or consult with an allied health care provider located in this state via **telemedicine** unless he or she possesses a full and unrestricted license to practice medicine in this state and satisfies and complies with the prerequisites and requirements specified by all applicable laws and rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1262, 1270, 1271, 1275 and 1276.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 35:1534 (August 2009).

LAC 46:XLV.7515

LOUISIANA ADMINISTRATIVE CODE

*** Last amended December 2013, compiled December 2013 ***

TITLE 46 PROFESSIONAL AND OCCUPATIONAL STANDARDS
PART XLV MEDICAL PROFESSIONS
SUBPART 3 PRACTICE
CHAPTER 75 TELEMEDICINE
SUBCHAPTER A GENERAL PROVISIONS

LAC 46:XLV.7515 (2013)

§ 7515. Exceptions

A. The following activities shall be exempt from the requirements of this Chapter:

1. furnishing medical assistance in case of a declared emergency or disaster, as defined by the Louisiana Health Emergency Powers Act, [R.S. 29:760](#) et seq., or as otherwise provided in Title 29 of the Louisiana Revised Statutes of 1950, or the board's rules;
2. issuance of emergency certificates in accordance with the provisions of [R.S. 28:53](#); and

3. a true consultation, e.g., an informal consultation or second opinion, provided by an individual licensed to practice medicine in a state other than Louisiana, provided that the Louisiana physician receiving the opinion is personally responsible to the patient for the primary diagnosis and any testing and treatment provided.

AUTHORITY NOTE: Promulgated in accordance with [R.S. 37:1262](#), 1270, 1271, 1275 and 1276.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, [LR 35:1534](#) (August 2009).

LAC 46:XLV.7521

LOUISIANA ADMINISTRATIVE CODE

*** Last amended December 2013, compiled December 2013 ***

TITLE 46 PROFESSIONAL AND OCCUPATIONAL STANDARDS
PART XLV MEDICAL PROFESSIONS
SUBPART 3 PRACTICE
CHAPTER 75 TELEMEDICINE
SUBCHAPTER A GENERAL PROVISIONS

LAC 46:XLV.7521 (2013)

§ 7521. Unauthorized Practice

A. Any individual who utilizes telemedicine to practice medicine in this state in the absence of a medical license or a telemedicine permit duly issued by the board, shall be deemed to be engaged in the unauthorized practice of medicine and subject to the civil, injunctive and criminal penalties prescribed by the Act.

AUTHORITY NOTE: Promulgated in accordance with [R.S. 37:1262](#), 1270, 1271, 1275, 1276.1 and 1290.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, [LR 35:1535](#) (August 2009).

LOUISIANA ADMINISTRATIVE CODE

*** Last amended April 2013, compiled April 2013 ***

TITLE 46 PROFESSIONAL AND OCCUPATIONAL STANDARDS
PART LXXV SPEECH PATHOLOGY AND AUDIOLOGY
CHAPTER 1 GENERAL RULES

LAC 46:LXXV.130 (2013)

§ 130. Telepractice

A. Licensed audiologists and speech-language pathologists can provide telehealth services through telephonic, electronic, or other means including diagnosis, consultation, treatment, transfer of healthcare information and continuing education. Telepractice regardless of where the service is rendered or delivered constitutes the practice of speech-language pathology or audiology and shall require Louisiana licensure.

AUTHORITY NOTE: Promulgated in accordance with [R.S. 37:2650](#) et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners for Speech-Language Pathology and Audiology, [LR 39:1044](#) (April 2013).

COMAR 10.32.05.03

CODE OF MARYLAND REGULATIONS

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TITLE 10. DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SUBTITLE 32. BOARD OF PHYSICIANS

CHAPTER 05. TELEMEDICINE

COMAR 10.32.05.03 (2014)

.03 Licensure.

Except as specified in [Health Occupations Article, § 14-302](#), Annotated Code of Maryland, an individual shall be a licensed Maryland physician in order to practice telemedicine if one or both of the following occurs:

- A. The individual practicing telemedicine is physically located in Maryland;
- B. The patient is in Maryland.

COMAR 10.41.06.05

CODE OF MARYLAND REGULATIONS

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TITLE 10. DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SUBTITLE 41. BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS, AND

SPEECH-LANGUAGE PATHOLOGISTS

CHAPTER 06. TELEHEALTH COMMUNICATION

COMAR 10.41.06.05 (2014)

.05 Requirements of Personnel Providing Telehealth Services.

A. A provider of telehealth services who practices in the State shall be licensed by the Board.

B. A provider of telehealth services shall be competent in both the type of services provided and the methodology and equipment used to provide the service.

C. A provider of telehealth services who resides out of State and who provides services to Maryland residents shall be licensed by the Board.

NOTES:

Md. HEALTH OCCUPATIONS Code Ann. § 14-302

Annotated Code of Maryland
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*** Statutes current through Chapter 1 of the 2014 General Assembly Regular Session ***
*** Annotations current through December 7, 2013 ***

HEALTH OCCUPATIONS
TITLE 14. PHYSICIANS
SUBTITLE 3. LICENSING

GO TO MARYLAND STATUTES ARCHIVE DIRECTORY

Md. **HEALTH OCCUPATIONS** Code Ann. § **14-302** (2014)

§ **14-302**. Exceptions from licensing -- In general

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

(1) A medical student or an individual in a postgraduate medical training program that is approved by the Board, while doing the assigned duties at any office of a licensed physician, hospital, clinic, or similar facility;

(2) A physician licensed by and residing in another jurisdiction, if the physician:

(i) Is engaged in consultation with a physician licensed in the State about a particular patient and does not direct patient care; or

(ii) Meets the requirements of § 14-302.1 of this subtitle;

(3) A physician employed in the service of the federal government while performing the duties incident to that employment;

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

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

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

(5) An individual while under the supervision of a licensed physician who has specialty training in psychiatry, and whose specialty training in psychiatry has been approved by the Board, if the individual submits an application to the Board on or before October 1, 1993, and either:

(i) 1. Has a master's degree from an accredited college or university; and

2. Has completed a graduate program accepted by the Board in a behavioral science that includes 1,000 hours of supervised clinical psychotherapy experience; or

(ii) 1. Has a baccalaureate degree from an accredited college or university; and

2. Has 4,000 hours of supervised clinical experience that is approved by the Board.

HISTORY: An. Code 1957, art. 43, § 122; 1981, ch. 8, § 2; ch. 183; 1982, ch. 644; 1988, ch. 109, § 1; 1990, ch. 6, § 11; 1993, ch. 627, § 2; 1994, ch. 620, §§ 1, 2; 2013, ch. 582, § 2; ch. 583, § 2.

NOTES: CROSS REFERENCES. --As to annual reporting requirements of § 5, ch. 109, Acts 1988, see Editor's note to § 14-101 of this article.

EFFECT OF AMENDMENTS. --Section 2, chs. 582 and 583, Acts 2013, enacted May 16, 2013, and effective from date of enactment, made identical changes. Each substituted "if the physician" for "while engaging in consultation with a physician licensed in this State" in the introductory language of (2) and added (2)(i) and (2)(ii).

Minnesota

Minn. Stat. § 147.032

Minnesota Statutes
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*** Annotations are current through March 20, 2014 ***

HEALTH
CHAPTER 147. BOARD OF MEDICAL PRACTICE

Minn. Stat. § 147.032 (2014)

147.032 INTERSTATE PRACTICE OF **TELEMEDICINE**

Subdivision 1. *Requirements; registration.*

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

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

(b) To register with the board, a physician must:

- (1) state the physician's intention to provide interstate **telemedicine** services in this state;

(2) provide complete information on:

- (i) all states and jurisdictions in which the physician is currently licensed;
- (ii) any states or jurisdictions in which the physician was previously licensed;
- (iii) any negative licensing actions taken previously against the physician in any state or jurisdiction; and
- (iv) other information requested by the board; and

(3) pay a registration fee of \$ 75 annually and an initial application fee of \$ 100.

(c) A physician registered to provide interstate **telemedicine** services under this section must immediately notify the board of restrictions placed on the physician's license to practice in any state or jurisdiction.

(d) In registering to provide interstate **telemedicine** services to state residents under this section, a physician agrees to be subject to state laws, the state judicial system, and the board with respect to providing medical services to state residents.

(e) For the purposes of this section, **telemedicine** means the practice of medicine as defined in section 147.081, subdivision 3, when the physician is not in the physical presence of the patient.

Subd. 2. *Exemptions from registration.* --A physician who is not licensed to practice medicine in this state, but who holds a valid license to practice medicine in another state or jurisdiction, and who provides interstate **telemedicine** services to a patient located in this state is not subject to the registration requirement of subdivision 1, paragraph (a), clause (4), if:

(1) the services are provided in response to an emergency medical condition. For the purposes of this section, an emergency medical condition means a condition, including emergency labor and delivery, that manifests itself by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any body organ or part;

(2) the services are provided on an irregular or infrequent basis. For the purposes of this section, a person provides services on an irregular or infrequent basis if the person provides the services less than once a month or provides the services to fewer than ten patients annually; or

(3) the physician provides interstate **telemedicine** services in this state in consultation with a physician licensed in this state and the Minnesota physician retains ultimate authority over the diagnosis and care of the patient.

Subd. 3. *Notification to other states.* --The board shall obtain confirmation of licensure from all states and jurisdictions in which a physician registered under subdivision 1 has ever been licensed to verify statements

made by the physician and to be notified if any future adverse action is taken against the physician's license in another state or jurisdiction. This requirement does not replace the reporting obligation under section 147.111.

Subd. 4. *Health records.* --A physician who provides interstate **telemedicine** services to a patient located in this state must comply with sections 144.291 to 144.298 with respect to the provision of those services.

HISTORY: 2002 c 361 s 1; 2007 c 147 art 10 s 15

Minn. Stat. § 147.081

Minnesota Statutes
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*** Annotations are current through March 20, 2014 ***

HEALTH
CHAPTER 147. BOARD OF MEDICAL PRACTICE

Minn. Stat. § 147.081 (2014)

147.081 PRACTICING WITHOUT LICENSE; PENALTY

Subdivision 1. *Unlawful practice of medicine.* --It is unlawful for any person to practice medicine as defined in subdivision 3 in this state unless:

- (1) the person holds a valid license issued according to this chapter; or
- (2) the person is registered to provide interstate **telemedicine** services according to section 147.032.

Subd. 2. *Penalty.* --Any person violating the provisions of subdivision 1 is guilty of a gross misdemeanor.

Subd. 3. *Practice of medicine defined.* --For purposes of this chapter, a person not exempted under section 147.09 is "practicing medicine" or engaged in the "practice of medicine" if the person does any of the following:

- (1) advertises, holds out to the public, or represents in any manner that the person is authorized to practice medicine in this state;

- (2) offers or undertakes to prescribe, give, or administer any drug or medicine for the use of another;
- (3) offers or undertakes to prevent or to diagnose, correct, or treat in any manner or by any means, methods, devices, or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity or defect of any person;
- (4) offers or undertakes to perform any surgical operation including any invasive or noninvasive procedures involving the use of a laser or laser assisted device, upon any person;
- (5) offers to undertake to use hypnosis for the treatment or relief of any wound, fracture, or bodily injury, infirmity, or disease; or
- (6) uses in the conduct of any occupation or profession pertaining to the diagnosis of human disease or conditions, the designation "doctor of medicine," "medical doctor," "doctor of osteopathy," "osteopath," "osteopathic physician," "physician," "surgeon," "M.D.," "D.O.," or any combination of these designations.

HISTORY: (5717) RL s 2300; 1927 c 188 s 4; 1963 c 45 s 6; 1971 c 485 s 5; 1974 c 43 s 1; 1985 c 247 s 13,25; 1986 c 444; 1993 c 121 s 1; 2002 c 361 s 2

Minn. Stat. § 147.091

Minnesota Statutes
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*** Annotations are current through March 20, 2014 ***

HEALTH
CHAPTER 147. BOARD OF MEDICAL PRACTICE

Minn. Stat. § 147.091 (2014)

147.091 GROUNDS FOR DISCIPLINARY ACTION

Subdivision 1. *Grounds listed.* --The board may refuse to grant a license, may refuse to grant registration to perform interstate **telemedicine** services, or may impose disciplinary action as described in section 147.141 against any physician. The following conduct is prohibited and is grounds for disciplinary action:

(a) Failure to demonstrate the qualifications or satisfy the requirements for a license contained in this chapter or rules of the board. The burden of proof shall be upon the applicant to demonstrate such qualifications or satisfaction of such requirements.

(b) Obtaining a license by fraud or cheating, or attempting to subvert the licensing examination process. Conduct which subverts or attempts to subvert the licensing examination process includes, but is not limited to: (1) conduct which violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination; (2) conduct which violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; or (3) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf.

(c) Conviction, during the previous five years, of a felony reasonably related to the practice of medicine or osteopathy. Conviction as used in this subdivision shall include a conviction of an offense which if committed in this state would be deemed a felony without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered thereon.

(d) Revocation, suspension, restriction, limitation, or other disciplinary action against the person's medical license in another state or jurisdiction, failure to report to the board that charges regarding the person's license have been brought in another state or jurisdiction, or having been refused a license by any other state or jurisdiction.

(e) Advertising which is false or misleading, which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by another physician.

(f) Violating a rule promulgated by the board or an order of the board, a state, or federal law which relates to the practice of medicine, or in part regulates the practice of medicine including without limitation sections 604.201, 609.344, and 609.345, or a state or federal narcotics or controlled substance law.

(g) Engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare or safety of a patient; or medical practice which is professionally incompetent, in that it may create unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of actual injury need not be established.

(h) Failure to supervise a physician's assistant or failure to supervise a physician under any agreement with the board.

(i) Aiding or abetting an unlicensed person in the practice of medicine, except that it is not a violation of this paragraph for a physician to employ, supervise, or delegate functions to a qualified person who may or may not be required to obtain a license or registration to provide health services if that person is practicing within the scope of that person's license or registration or delegated authority.

(j) Adjudication as mentally incompetent, mentally ill or developmentally disabled, or as a chemically dependent person, a person dangerous to the public, a sexually dangerous person, or a person who has a sexual psychopathic personality by a court of competent jurisdiction, within or without this state. Such adjudication shall automatically suspend a license for the duration thereof unless the board orders otherwise.

(k) Engaging in unprofessional conduct. Unprofessional conduct shall include any departure from or the failure to conform to the minimal standards of acceptable and prevailing medical practice in which proceeding actual injury to a patient need not be established.

(l) Inability to practice medicine with reasonable skill and safety to patients by reason of illness, drunkenness, use of drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills.

(m) Revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law.

(n) Failure by a doctor of osteopathy to identify the school of healing in the professional use of the doctor's name by one of the following terms: osteopathic physician and surgeon, doctor of osteopathy, or D.O.

(o) Improper management of medical records, including failure to maintain adequate medical records, to comply with a patient's request made pursuant to sections 144.291 to 144.298 or to furnish a medical record or

report required by law.

(p) Fee splitting, including without limitation:

(1) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate, or remuneration, directly or indirectly, primarily for the referral of patients or the prescription of drugs or devices;

(2) dividing fees with another physician or a professional corporation, unless the division is in proportion to the services provided and the responsibility assumed by each professional and the physician has disclosed the terms of the division;

(3) referring a patient to any health care provider as defined in sections 144.291 to 144.298 in which the referring physician has a "financial or economic interest," as defined in section 144.6521, subdivision 3, unless the physician has disclosed the physician's financial or economic interest in accordance with section 144.6521; and

(4) dispensing for profit any drug or device, unless the physician has disclosed the physician's own profit interest.

The physician must make the disclosures required in this clause in advance and in writing to the patient and must include in the disclosure a statement that the patient is free to choose a different health care provider. This clause does not apply to the distribution of revenues from a partnership, group practice, nonprofit corporation, or professional corporation to its partners, shareholders, members, or employees if the revenues consist only of fees for services performed by the physician or under a physician's direct supervision, or to the division or distribution of prepaid or capitated health care premiums, or fee-for-service withhold amounts paid under contracts established under other state law.

(q) Engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws.

(r) Becoming addicted or habituated to a drug or intoxicant.

(s) Prescribing a drug or device for other than medically accepted therapeutic or experimental or investigative purposes authorized by a state or federal agency or referring a patient to any health care provider as defined in sections 144.291 to 144.298 for services or tests not medically indicated at the time of referral.

(t) Engaging in conduct with a patient which is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior which is seductive or sexually demeaning to a patient.

(u) Failure to make reports as required by section 147.111 or to cooperate with an investigation of the board as required by section 147.131.

(v) Knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo.

(w) Aiding suicide or aiding attempted suicide in violation of section 609.215 as established by any of the following:

(1) a copy of the record of criminal conviction or plea of guilty for a felony in violation of section 609.215, subdivision 1 or 2;

(2) a copy of the record of a judgment of contempt of court for violating an injunction issued under section 609.215, subdivision 4;

(3) a copy of the record of a judgment assessing damages under section 609.215, subdivision 5; or

(4) a finding by the board that the person violated section 609.215, subdivision 1 or 2. The board shall investigate any complaint of a violation of section 609.215, subdivision 1 or 2.

(x) Practice of a board-regulated profession under lapsed or nonrenewed credentials.

(y) Failure to repay a state or federally secured student loan in accordance with the provisions of the loan.

(z) Providing interstate **telemedicine** services other than according to section 147.032.

Subd. 1a. *Conviction of a felony-level criminal sexual conduct offense.*

(a) The board may not grant a license to practice medicine to any person who has been convicted of a felony-level criminal sexual conduct offense.

(b) A license to practice medicine is automatically revoked if the licensee is convicted of a felony-level criminal sexual conduct offense.

(c) A license that has been denied or revoked pursuant to this subdivision is not subject to chapter 364.

(d) For purposes of this subdivision, "conviction" means a plea of guilty, a verdict of guilty by a jury, or a

finding of guilty by the court, and "criminal sexual conduct offense" means a violation of sections 609.342 to 609.345 or a similar statute in another jurisdiction.

Subd. 1b. *Utilization review.* --The board may investigate allegations and impose disciplinary action as described in section 147.141 against a physician performing utilization review for a pattern of failure to exercise that degree of care that a physician reviewer of ordinary prudence making utilization review determinations for a utilization review organization would use under the same or similar circumstances. As part of its investigative process, the board shall receive consultation or recommendation from physicians who are currently engaged in utilization review activities. The internal and external review processes under sections 62M.06 and 62Q.73 must be exhausted prior to an allegation being brought under this subdivision. Nothing in this subdivision creates, modifies, or changes existing law related to tort liability for medical negligence. Nothing in this subdivision preempts state peer review law protection in accordance with sections 145.61 to 145.67, federal peer review law, or current law pertaining to complaints or appeals.

Subd. 2. *Automatic suspension.*

(a) A license to practice medicine is automatically suspended if (1) a guardian of a licensee is appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons other than the minority of the licensee; or (2) the licensee is committed by order of a court pursuant to chapter 253B. The license remains suspended until the licensee is restored to capacity by a court and, upon petition by the licensee, the suspension is terminated by the board after a hearing.

(b) Upon notice to the board of a judgment of, or a plea of guilty to, a felony reasonably related to the practice of patient care, the credentials of the regulated person shall be automatically suspended by the board. The credentials shall remain suspended until, upon petition by the regulated person and after a hearing, the suspension is terminated by the board. The board shall indefinitely suspend or revoke the credentials of the regulated person if, after a hearing, the board finds that the felonious conduct would cause a serious risk of harm to the public.

(c) For credentials that have been suspended or revoked pursuant to paragraphs (a) and (b), the regulated person may be reinstated to practice, either with or without restrictions, by demonstrating clear and convincing evidence of rehabilitation, as provided in section 364.03. If the regulated person's conviction is subsequently overturned by court decision, the board shall conduct a hearing to review the suspension within 30 days after receipt of the court decision. The regulated person is not required to prove rehabilitation if the subsequent court decision overturns previous court findings of public risk.

(d) The board may, upon majority vote of a quorum of its members, suspend the credentials of a regulated person without a hearing if the regulated person fails to maintain a current name and address with the board, as

described in paragraph (e), while the regulated person is: (1) under board investigation, and a notice of conference has been issued by the board; (2) party to a contested case with the board; (3) party to an agreement for corrective action with the board; or (4) under a board order for disciplinary action. The suspension shall remain in effect until lifted by the board pursuant to the board's receipt of a petition from the regulated person, along with the regulated person's current name and address.

(e) A person regulated by the board shall maintain a current name and address with the board and shall notify the board in writing within 30 days of any change in name or address. If a name change only is requested, the regulated person must request revised credentials and return the current credentials to the board. The board may require the regulated person to substantiate the name change by submitting official documentation from a court of law or agency authorized under law to receive and officially record a name change. If an address change only is requested, no request for revised credentials is required. If the regulated person's current credentials have been lost, stolen, or destroyed, the person shall provide a written explanation to the board.

Subd. 2a. *Effective dates.* --A suspension, revocation, condition, limitation, qualification, or restriction of a license or registration shall be in effect pending determination of an appeal unless the court, upon petition and for good cause shown, shall otherwise order. A revocation of a license pursuant to subdivision 1a is not appealable and shall remain in effect indefinitely.

Subd. 3. *Conditions on reissued license.* --In its discretion, the board may restore and reissue a license to practice medicine, but as a condition thereof may impose any disciplinary or corrective measure which it might originally have imposed.

Subd. 4. *Temporary suspension of license.* --In addition to any other remedy provided by law, the board may, without a hearing, temporarily suspend the license of a physician if the board finds that the physician has violated a statute or rule which the board is empowered to enforce and continued practice by the physician would create a serious risk of harm to the public. The suspension shall take effect upon written notice to the physician, specifying the statute or rule violated. The suspension shall remain in effect until the board issues a final order in the matter after a hearing. At the time it issues the suspension notice, the board shall schedule a disciplinary hearing to be held pursuant to the Administrative Procedure Act. The physician shall be provided with at least 20 days' notice of any hearing held pursuant to this subdivision. The hearing shall be scheduled to begin no later than 30 days after the issuance of the suspension order.

Subd. 5. *Evidence.* --In disciplinary actions alleging a violation of subdivision 1, paragraph (c) or (d), a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency which entered the same shall be admissible into evidence without further authentication and shall constitute prima facie evidence of the contents thereof.

Subd. 6. *Mental examination; access to medical data.*

(a) If the board has probable cause to believe that a regulated person comes under subdivision 1, paragraph (1), it may direct the person to submit to a mental or physical examination. For the purpose of this subdivision every regulated person is deemed to have consented to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physicians' testimony or examination reports on the ground that the same constitute a privileged communication. Failure of a regulated person to submit to an examination when directed constitutes an admission of the allegations against the person, unless the failure was due to circumstance beyond the person's control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A regulated person affected under this paragraph shall at reasonable intervals be given an opportunity to demonstrate that the person can resume the competent practice of the regulated profession with reasonable skill and safety to the public.

In any proceeding under this paragraph, neither the record of proceedings nor the orders entered by the board shall be used against a regulated person in any other proceeding.

(b) In addition to ordering a physical or mental examination, the board may, notwithstanding section 13.384, 144.651, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a regulated person or applicant without the person's or applicant's consent if the board has probable cause to believe that a regulated person comes under subdivision 1, paragraph (1). The medical data may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph (h), an insurance company, or a government agency, including the Department of Human Services. A provider, insurance company, or government agency shall comply with any written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision, unless the information is false and the provider giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private under sections 13.01 to 13.87.

Subd. 7. *Tax clearance certificate.*

(a) In addition to the provisions of subdivision 1, the board may not issue or renew a license if the commissioner of revenue notifies the board and the licensee or applicant for a license that the licensee or applicant owes the state delinquent taxes in the amount of \$ 500 or more. The board may issue or renew the license only if (1) the commissioner of revenue issues a tax clearance certificate and (2) the commissioner of revenue or the licensee or applicant forwards a copy of the clearance to the board. The commissioner of revenue may issue a clearance certificate only if the licensee or applicant does not owe the state any uncontested delinquent taxes.

(b) For purposes of this subdivision, the following terms have the meanings given.

(1) "Taxes" are all taxes payable to the commissioner of revenue, including penalties and interest due on those taxes.

(2) "Delinquent taxes" do not include a tax liability if (i) an administrative or court action that contests the amount or validity of the liability has been filed or served, (ii) the appeal period to contest the tax liability has not expired, or (iii) the licensee or applicant has entered into a payment agreement to pay the liability and is current with the payments.

(c) In lieu of the notice and hearing requirements of subdivision 1, when a licensee or applicant is required to obtain a clearance certificate under this subdivision, a contested case hearing must be held if the licensee or applicant requests a hearing in writing to the commissioner of revenue within 30 days of the date of the notice provided in paragraph (a). The hearing must be held within 45 days of the date the commissioner of revenue refers the case to the Office of Administrative Hearings. Notwithstanding any law to the contrary, the licensee or applicant must be served with 20 days' notice in writing specifying the time and place of the hearing and the allegations against the licensee or applicant. The notice may be served personally or by mail.

(d) The board shall require all licensees or applicants to provide their Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner of revenue, the board must provide to the commissioner of revenue a list of all licensees and applicants, including the name and address, Social Security number, and business identification number. The commissioner of revenue may request a list of the licensees and applicants no more than once each calendar year.

Subd. 8. *Limitation.* --No board proceeding against a regulated person shall be instituted unless commenced within seven years from the date of the commission of some portion of the offense or misconduct complained of except for alleged violations of subdivision 1, paragraph (t).

HISTORY: 1971 c 485 s 3; 1974 c 31 s 1; 1975 c 213 s 1; 1976 c 222 s 34; 1981 c 83 s 1; 1982 c 581 s 24; 1985 c 21 s 1; 1985 c 247 s 7,25; 1986 c 444; 1Sp1986 c 1 art 7 s 7; 1Sp1986 c 3 art 1 s 82; 1987 c 384 art 2 s 1; 1988 c 557 s 2; 1989 c 184 art 2 s 3; 1992 c 559 art 1 s 3; 1992 c 577 s 1; 1Sp1994 c 1 art 2 s 3,4; 1995 c 18 s 4-8; 1996 c 334 s 4; 1997 c 103 s 1; 1999 c 227 s 22; 2001 c 137 s 7; 2002 c 361 s 3; 2004 c 146 art 3 s 6; 2004 c 198 s 16; 2005 c 56 s 1; 2007 c 147 art 10 s 15

*** This document is current through Chapter 147, 2014 Regular Session ***
*** Annotations are current through March 20, 2014 ***

HEALTH
CHAPTER 147. BOARD OF MEDICAL PRACTICE

Minn. Stat. § 147.141 (2014)

147.141 FORMS OF DISCIPLINARY ACTION

When the board finds that a licensed physician or a physician registered under section 147.032 has violated a provision or provisions of sections 147.01 to 147.22, it may do one or more of the following:

- (1) revoke the license;
- (2) suspend the license;
- (3) revoke or suspend registration to perform interstate **telemedicine**;
- (4) impose limitations or conditions on the physician's practice of medicine, including the limitation of scope of practice to designated field specialties; the imposition of retraining or rehabilitation requirements; the requirement of practice under supervision; or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination or other review of skill and competence;
- (5) impose a civil penalty not exceeding \$ 10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the physician of any economic advantage gained by reason of the violation charged or to reimburse the board for the cost of the investigation and proceeding;
- (6) order the physician to provide unremunerated professional service under supervision at a designated public hospital, clinic, or other health care institution; or
- (7) censure or reprimand the licensed physician.

HISTORY: 1985 c 247 s 17; 1991 c 199 art 2 s 1; 2002 c 361 s 4

Mississippi

CMSR 50-013-2635, Chapter 5

Rule 5.2 Licensure.

The practice of medicine is deemed to occur in the location of the patient. Therefore only physicians holding a valid Mississippi license are allowed to practice **telemedicine** in Mississippi. However, a valid Mississippi license is not required where the evaluation, treatment and/or medicine given to be rendered by a physician outside of Mississippi is requested by a physician duly licensed to practice medicine in Mississippi, and the physician who has requested such evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.

TITLE 73. PROFESSIONS AND VOCATIONS CHAPTER 25. PHYSICIANS GENERAL PROVISIONS

Miss. Code Ann. § 73-25-34 (2014)

§ 73-25-34. Telemedicine; licensing requirements for practicing medicine across state lines

(1) For the purposes of this section, telemedicine, or the practice of medicine across state lines, shall be defined to include any one or both of the following:

(a) Rendering of a medical opinion concerning diagnosis or treatment of a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his agent; or

(b) The rendering of treatment to a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his agent.

(2) Except as hereinafter provided, no person shall engage in the practice of medicine across state lines (telemedicine) in this state, hold himself out as qualified to do the same, or use any title, word or abbreviation to indicate to or induce others to believe that he is duly licensed to practice medicine across state lines in this state

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unless he has first obtained a license to do so from the State Board of Medical Licensure and has met all educational and licensure requirements as determined by the State Board of Medical Licensure.

(3) The requirement of licensure as set forth in subsection (2) above shall not be required where the evaluation, treatment and/or the medical opinion to be rendered by a physician outside this state (a) is requested by a physician duly licensed to practice medicine in this state, and (b) the physician who has requested such evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.

HISTORY: SOURCES: [Laws, 1997, ch. 436, § 1](#), eff from and after July 1, 1997.

NOTES: CROSS REFERENCES. --Recordation of licenses to practice medicine, see § 73-25-13.

Granting licenses without examination to licensees from other states, see § 73-25-21.

Disciplinary actions by State Board of Medical Licensure, see §§ 73-25-81 et seq.

State Board of Medical Licensure, see §§ 73-43-1 et seq.

MONT. ADMIN. R. 24.156.801

ADMINISTRATIVE RULES OF MONTANA

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.801 (2014)

24.156.801 PURPOSE AND AUTHORITY

(1) These rules are promulgated to promote the efficient administration of the provisions of the Medical Practice Act, 37-3-341 through 37-3-349, MCA, regulating the practice of medicine across state lines.

(History: 37-3-203, MCA; IMP, 37-3-341, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471.)

MONT. ADMIN. R. 24.156.809

ADMINISTRATIVE RULES OF MONTANA

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.809 (2014)

24.156.809 EFFECT OF DETERMINATION THAT APPLICATION FOR TELEMEDICINE LICENSE DOES NOT MEET REQUIREMENTS

(1) An applicant who receives notice that the board has determined that an application for a telemedicine license does not meet the licensing requirements because the anticipated practice will exceed the scope of a telemedicine license, may apply for a physician's license to practice medicine in Montana.

(History: 37-3-203, MCA; IMP: 37-3-347, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.810 (2014)

24.156.810 EFFECT OF TELEMEDICINE LICENSE

(1) The issuance by the board of a telemedicine license to practice medicine across state lines subjects the licensee to the jurisdiction of the board in all matters set forth in 37-3-341 through 37-3-349, MCA, and the implementing rules and regulations of the board, including all matters related to discipline.

(2) It shall be the affirmative duty of every licensee to report to the board in writing within 15 days of the denial of hospital privileges, restriction or limitation of practice, or the initiation of any disciplinary action against the license to practice medicine by any state or territory in which the licensee is licensed.

(3) The licensee agrees, by accepting the telemedicine license, to produce patient medical records or other materials as requested by the board and to appear before the board or any of its screening panels following receipt of a written notice issued by the board or its authorized representative.

(4) The licensee is subject to each of the grounds for disciplinary action as provided in 37-1-316 and 37-3-348, MCA, and ARM 24.156.625, in accordance with the procedures set forth in Title 37, chapters 1 and 3, MCA, and the Montana Administrative Procedure Act.

(5) The licensee shall comply with all laws, rules, and regulations governing the maintenance of patient medical records, including patient confidentiality requirements, regardless of the state where the medical records of any patient within the state of Montana are maintained.

(6) The licensee shall notify the board of any change in licensee's address as contained on the telemedicine license within 30 days of such change.

(7) The licensee shall cooperate in the investigation of any possible grounds for discipline, including revocation or limitation of the license, by timely compliance with all inquiries and subpoenas issued by the board for evidence or information. The licensee shall provide, within 21 days of receipt of a written request from the board, clear and legible copies of requested documents, including medical records, which may be related to possible grounds for discipline, including revocation or limitation of a telemedicine license. Failure to timely comply with a board inquiry or subpoena or to provide clear and legible copies of requested records shall be grounds for discipline pursuant to the provisions of 37-3-348, MCA.

(History: 37-3-203, MCA; IMP: 37-3-342, 37-3-348, 37-3-349, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

37-3-342, MCA

LexisNexis (R) Montana Code Annotated

*** This document is current through the 2013 Regular and Special Sessions ***
*** Annotations current through October 30, 2013 ***

TITLE 37 PROFESSIONS AND OCCUPATIONS
CHAPTER 3 MEDICINE
PART 3 LICENSING

Go to the Montana Code Archive Directory

37-3-342, MCA (2013)

37-3-342 Definition -- scope of practice allowed by **telemedicine** license.

(1) As used in 37-3-301, 37-3-341 through 37-3-345, and 37-3-347 through 37-3-349, "**telemedicine**" means the practice of medicine, as defined in 37-3-102, by a physician located outside the state who performs an evaluative or therapeutic act relating to the treatment or correction of a patient's physical or mental condition, ailment, disease, injury, or infirmity and who transmits that evaluative or therapeutic act into Montana through any means, method, device, or instrumentality under the following conditions:

- (a) The information or opinion is provided directly to a patient in Montana for compensation or with the expectation of compensation.
- (b) The physician does not limit the physician's services to an occasional case.
- (c) The physician has an established or regularly used connection with the state, including but not limited to:
 - (i) an office or another place for the reception of a transmission from the physician;
 - (ii) a contractual relationship with a person or entity in Montana related to the physician's practice of medicine;
or
 - (iii) privileges in a Montana hospital or another Montana health care facility, as defined in 50-5-101.

(2) As used in 37-3-301, 37-3-341 through 37-3-345, and 37-3-347 through 37-3-349, **telemedicine** does not mean:

- (a) an act or practice that is exempt from licensure under 37-3-103;
- (b) an informal consultation, made without compensation or expectation of compensation, between an out-of-state physician and a physician or other health care provider located in Montana;
- (c) the transfer of patient records, independent of any other medical service and without compensation;
- (d) communication about a Montana patient with the patient's physician or other health care provider who practices in Montana, in lieu of direct communication with the Montana patient or the patient's legal representative; or
- (e) a communication from a physician located outside Montana to a patient in Montana in consultation with a physician or other health care provider licensed to practice medicine in Montana.

HISTORY:

En. Sec. 2, Ch. 371, L. 1999; amd. Sec. 28, Ch. 467, L. 2005; amd. Sec. 20, Ch. 109, L. 2009.

37-3-343, MCA

LexisNexis (R) Montana Code Annotated

*** This document is current through the 2013 Regular and Special Sessions ***
*** Annotations current through October 30, 2013 ***

TITLE 37 PROFESSIONS AND OCCUPATIONS
CHAPTER 3 MEDICINE
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37-3-343, MCA (2013)

37-3-343 Practice of telemedicine prohibited without license -- scope of practice limitations -- violations and penalty.

(1) A physician may not practice telemedicine in this state without a telemedicine license issued pursuant to [37-3-301](#), [37-3-341](#) through [37-3-345](#), and [37-3-347](#) through [37-3-349](#).

(2) A telemedicine license authorizes an out-of-state physician to practice telemedicine only with respect to the

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specialty in which the physician is board-certified or meets the current requirements to take the examination to become board-certified and on which the physician bases the physician's application for a telemedicine license pursuant to [37-3-345\(2\)](#).

(3) A telemedicine license authorizes an out-of-state physician to practice only telemedicine. A telemedicine license does not authorize the physician to engage in the practice of medicine while physically present within the state.

(4) A telemedicine license may not be used by a physician as a means to obtain the information required for the written certification and accompanying statements used to apply for a registry identification card pursuant to Title 50, chapter 46, part 3.

(5) A physician who practices telemedicine in this state without a telemedicine license issued pursuant to [37-3-301](#), [37-3-341](#) through [37-3-345](#), and [37-3-347](#) through [37-3-349](#), in violation of the terms or conditions of that license, in violation of the scope of practice allowed by the license, or without a physician's license issued pursuant to [37-3-301](#), is guilty of a misdemeanor and on conviction shall be sentenced as provided in [37-3-325](#).

37-3-345, MCA

LexisNexis (R) Montana Code Annotated

*** This document is current through the 2013 Regular and Special Sessions ***
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37-3-345, MCA (2013)

37-3-345 Qualifications for **telemedicine** license -- basis for denial.

The board may not grant a **telemedicine** license to a physician unless the physician has established under oath that the physician:

(1) has a full, active, unrestricted certificate or license to practice medicine or osteopathic medicine in another state or territory of the United States or the District of Columbia;

(2) is board-certified or meets the current requirements to take the examination to become board-certified in a medical specialty pursuant to the standards of, and approved by, the American board of medical specialties or the American osteopathic association bureau of osteopathic specialists;

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- (3) has no history of disciplinary action or limitation of any kind imposed by a state or federal agency in a jurisdiction where the physician is or has ever been licensed to practice medicine;
- (4) is not the subject of a pending investigation by a state medical board or another state or federal agency;
- (5) has no history of conviction of a crime related to the physician's practice of medicine;
- (6) has submitted proof of current malpractice or professional negligence insurance coverage in the amount to be set by the rules of the board;
- (7) has not paid, or had paid on the physician's behalf, on more than three claims of professional malpractice or negligence within the 5 years preceding the physician's application for a **telemedicine** license;
- (8) has identified an agent for service of process in Montana who is registered with the secretary of state and the board and who may be a physician licensed to practice medicine in this state;
- (9) has paid an application fee in an amount set by the rules of the board; and
- (10) has submitted as a part of the application form a sworn statement attesting that the physician has read, understands, and agrees to abide by Title 37, chapters 1 and 3, and the administrative rules governing the practice of medicine in Montana.

HISTORY:

En. Sec. 5, Ch. 371, L. 1999; amd. Sec. 11, Ch. 224, L. 2003; amd. Sec. 19, Ch. 126, L. 2005.

37-3-348, MCA

LexisNexis (R) Montana Code Annotated

*** This document is current through the 2013 Regular and Special Sessions ***

*** Annotations current through October 30, 2013 ***

TITLE 37 PROFESSIONS AND OCCUPATIONS
CHAPTER 3 MEDICINE
PART 3 LICENSING

37-3-348, MCA (2013)

37-3-348 Discipline of physician with telemedicine license.

A physician granted a telemedicine license may be subject to investigation and discipline on the grounds that the physician has:

- (1) committed unprofessional conduct, as described in [37-1-316](#) or in a board rule; or
- (2) failed to:
 - (a) maintain the qualifications provided in [37-3-345](#) or in a board rule;
 - (b) maintain complete, legible patient records in written or readily retrievable electronic form;
 - (c) make complete, legible patient records available to the board during an investigation or disciplinary proceeding concerning the physician's practice of telemedicine; or
 - (d) appear and testify at a deposition within the state in the course of an investigation or disciplinary proceeding conducted under Montana law that concerns the physician's practice of telemedicine.

HISTORY:

En. Sec. 8, [Ch. 371, L. 1999](#); amd. Sec. 22, [Ch. 126, L. 2005](#).

37-3-349, MCA

LexisNexis (R) Montana Code Annotated

*** This document is current through the 2013 Regular and Special Sessions ***

*** Annotations current through October 30, 2013 ***

TITLE 37 PROFESSIONS AND OCCUPATIONS
CHAPTER 3 MEDICINE
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37-3-349, MCA (2013)

37-3-349 Consent to jurisdiction.

A physician granted a telemedicine license shall, pursuant to [37-3-344](#), consent to the jurisdiction of:

- (1) the courts of Montana for the purpose of civil actions, including but not limited to tort, contract, and equitable actions, related to the physician's practice of telemedicine;
- (2) the courts of Montana for the purpose of criminal actions related to the physician's practice of telemedicine;
- (3) the board for the purposes of licensing and disciplinary action by the board; and
- (4) the Montana medical legal panel for matters within the panel's jurisdiction, as provided in Title 27, chapter 6.

HISTORY:

En. Sec. 9, [Ch. 371, L. 1999](#); amd. Sec. 23, [Ch. 126, L. 2005](#).

ADMINISTRATIVE RULES OF MONTANA

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
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Prepared by Pilot Healthcare Strategies for the Utah Division of Occupational and Professional Licensing

May 2, 2014

MONT. ADMIN. R. 24.156.802 (2014)

24.156.802 DEFINITIONS

- (1) "Practice of telemedicine" means the practice of telemedicine as defined in 37-3- 342(1), MCA.
- (2) Exemptions to the practice of telemedicine are defined in 37-3-342(2), MCA.
- (3) "Occasional telemedicine case" means the practice of medicine across state lines occurring less than five times in a calendar year or involves fewer than five patients in a calendar year.
- (4) "Board" means the board of medical examiners for the state of Montana created under 2-15- 1841, MCA.
- (5) "Telemedicine license" means a license issued by the board to practice telemedicine which:
 - (a) is only issued to an applicant who meets all of the requirements of 37-3-344 and 37-3-345, MCA; and
 - (b) limits the licensee to the practice of telemedicine as defined in these rules and only with respect to the specialty in which the licensee is board-certified or meets the current requirements to take the examination to become board-certified and on which the licensee bases the application for a telemedicine license pursuant to 37-3-345, MCA.
- (6) "Licensee" means the current holder of a telemedicine license.

(History: 37-3-203, MCA; IMP: 37-3-342, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

MONT. ADMIN. R. 24.156.803

ADMINISTRATIVE RULES OF MONTANA

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.803 (2014)

24.156.803 LICENSE REQUIREMENT

(1) To engage in the practice of telemedicine in the state of Montana, a person shall hold:

(a) a current telemedicine license issued in accordance with the provisions of 37-3-341 through 37-3-349, MCA, or the rules of the board; or

(b) a full, unrestricted and current license issued under 37-3-301, MCA, and the rules of the board.

(History: 37-1-131, 37-3-203, MCA; IMP: 37-1-131, 37-3-343, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

ADMINISTRATIVE RULES OF MONTANA

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(4) "Board" means the board of medical examiners for the state of Montana created under 2-15-1841, MCA.

(5) "Telemedicine license" means a license issued by the board to practice telemedicine which:

(a) is only issued to an applicant who meets all of the requirements of 37-3-344 and 37-3-345, MCA; and

(b) limits the licensee to the practice of telemedicine as defined in these rules and only with respect to the specialty in which the licensee is board-certified or meets the current requirements to take the examination to become board-certified and on which the licensee bases the application for a telemedicine license pursuant to 37-3-345, MCA.

(6) "Licensee" means the current holder of a telemedicine license.

(History: 37-3-203, MCA; IMP: 37-3-342, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

MONT. ADMIN. R. 24.156.803

ADMINISTRATIVE RULES OF MONTANA

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(History: 37-1-131, 37-3-203, MCA; IMP: 37-1-131, 37-3-343, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

MONT. ADMIN. R. 24.156.809

ADMINISTRATIVE RULES OF MONTANA

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.809 (2014)

24.156.809 EFFECT OF DETERMINATION THAT APPLICATION FOR TELEMEDICINE LICENSE DOES NOT MEET REQUIREMENTS

(1) An applicant who receives notice that the board has determined that an application for a telemedicine license does not meet the licensing requirements because the anticipated practice will exceed the scope of a telemedicine license, may apply for a physician's license to practice medicine in Montana.

(History: 37-3-203, MCA; IMP: 37-3-347, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.810 (2014)

24.156.810 EFFECT OF TELEMEDICINE LICENSE

(1) The issuance by the board of a telemedicine license to practice medicine across state lines subjects the licensee to the jurisdiction of the board in all matters set forth in 37-3-341 through 37-3-349, MCA, and the implementing rules and regulations of the board, including all matters related to discipline.

(2) It shall be the affirmative duty of every licensee to report to the board in writing within 15 days of the denial of hospital privileges, restriction or limitation of practice, or the initiation of any disciplinary action against the license to practice medicine by any state or territory in which the licensee is licensed.

(3) The licensee agrees, by accepting the telemedicine license, to produce patient medical records or other materials as requested by the board and to appear before the board or any of its screening panels following receipt of a written notice issued by the board or its authorized representative.

(4) The licensee is subject to each of the grounds for disciplinary action as provided in 37-1-316 and 37-3-348,

MCA, and ARM 24.156.625, in accordance with the procedures set forth in Title 37, chapters 1 and 3, MCA, and the Montana Administrative Procedure Act.

(5) The licensee shall comply with all laws, rules, and regulations governing the maintenance of patient medical records, including patient confidentiality requirements, regardless of the state where the medical records of any patient within the state of Montana are maintained.

(6) The licensee shall notify the board of any change in licensee's address as contained on the telemedicine license within 30 days of such change.

(7) The licensee shall cooperate in the investigation of any possible grounds for discipline, including revocation or limitation of the license, by timely compliance with all inquiries and subpoenas issued by the board for evidence or information. The licensee shall provide, within 21 days of receipt of a written request from the board, clear and legible copies of requested documents, including medical records, which may be related to possible grounds for discipline, including revocation or limitation of a telemedicine license. Failure to timely comply with a board inquiry or subpoena or to provide clear and legible copies of requested records shall be grounds for discipline pursuant to the provisions of 37-3-348, MCA.

(History: 37-3-203, MCA; IMP: 37-3-342, 37-3-348, 37-3-349, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.802 (2014)

24.156.802 DEFINITIONS

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 - (b) limits the licensee to the practice of telemedicine as defined in these rules and only with respect to the specialty in which the licensee is board-certified or meets the current requirements to take the examination to

become board-certified and on which the licensee bases the application for a telemedicine license pursuant to 37-3-345, MCA.

(6) "Licensee" means the current holder of a telemedicine license.

(History: 37-3-203, MCA; IMP: 37-3-342, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

MONT. ADMIN. R. 24.156.803

ADMINISTRATIVE RULES OF MONTANA

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TITLE 24: LABOR AND INDUSTRY
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SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.803 (2014)

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(History: 37-1-131, 37-3-203, MCA; IMP: 37-1-131, 37-3-343, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

MONT. ADMIN. R. 24.156.805

ADMINISTRATIVE RULES OF MONTANA

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TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
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MONT. ADMIN. R. 24.156.805 (2014)

24.156.805 FEES

(1) The following fees will be charged:

(a) The applicant shall submit an application fee of \$ 300 in the form of a check or money order payable to the board.

(b) The licensee shall submit a renewal fee of \$ 300 (on or before the date set by ARM 24.101.413) in the form of a check or money order payable to the board, together with a completed renewal form.

(2) Additional standardized fees are specified in ARM 24.101.403.

(3) All application fees and renewal application fees are nonrefundable.

(4) All licensees will renew for a period of two years.

(History: 37-1-134, 37-3-203, MCA; IMP: 37-1-134, 37-1-141, 37-3-344, 37-3-345, 37-3-347, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

MONT. ADMIN. R. 24.156.806

ADMINISTRATIVE RULES OF MONTANA

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.806 (2014)

24.156.806 FAILURE TO SUBMIT FEES

(1) Failure of an applicant for a telemedicine license to submit the required application fee and properly completed form within one year from receipt of the original application materials, shall be grounds for the board to discontinue processing the application.

(History: 37-3-203, MCA; IMP: 37-3-347, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

MONT. ADMIN. R. 24.156.807

ADMINISTRATIVE RULES OF MONTANA

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.807 (2014)

24.156.807 ISSUANCE OF A TELEMEDICINE LICENSE

(1) The telemedicine license issued by the board shall contain the name of the person to whom it is issued, the address of the person, the date and number of the license and such other information as the board deems necessary. The address contained on the telemedicine license shall be the address of the licensee where all correspondence and renewal forms from the board shall be sent during the two years for which the license has been issued and shall be the address deemed sufficient for purposes of service of process.

(History: 37-3-203, MCA; IMP: 37-3-343, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

MONT. ADMIN. R. 24.156.808

ADMINISTRATIVE RULES OF MONTANA

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.808 (2014)

24.156.808 RENEWALS

(1) Renewal notices will be sent as specified in ARM 24.101.414.

(2) The provisions of ARM 24.101.408 apply.

(History: 37-1-141, 37-3-203, MCA; IMP, 37-1-141, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06.)

MONT. ADMIN. R. 24.156.811

ADMINISTRATIVE RULES OF MONTANA

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.811 (2014)

24.156.811 SANCTIONS

(1) Any person who violates the provisions of these rules is subject to criminal prosecution for the unlicensed practice of medicine and/or injunctive or other action authorized in this state to prohibit or penalize continued practice without a license. Nothing in this rule shall be interpreted to limit or restrict the board's authority to discipline any physician licensed to practice in this state who violates the Medical Practice Act while engaging in the practice of medicine within this or any other state.

(History: 37-3-203, MCA; IMP, 37-3- 348, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471.)

MONT. ADMIN. R. 24.156.812

ADMINISTRATIVE RULES OF MONTANA

*** This document is current through March 28, 2014 ***

TITLE 24: LABOR AND INDUSTRY
CHAPTER 156: MONTANA STATE BOARD OF MEDICAL EXAMINERS
SUB-CHAPTER 8: TELEMEDICINE RULES

MONT. ADMIN. R. 24.156.812 (2014)

24.156.812 OBLIGATION TO REPORT TO BOARD

(1) A telemedicine practitioner shall report to the board within three months from the date of a final judgment, order, or agency action, all information related to malpractice, misconduct, criminal, or disciplinary action in which the telemed is a named party.

(History: 37-1-131, 37-1-319, 37-3-202, MCA; IMP: 37-1-131, 37-1-319, 37-3-323, 37-3-401, 37-3-405, MCA; NEW, 2012 MAR p. 2464, Eff. 12/7/12.)

North Dakota

NORTH DAKOTA CENTURY CODE

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*** This document is current through the 2013 Regular Legislative Session ***
*** Annotations current through July 10, 2013 ***

TITLE 43 Occupations and Professions CHAPTER 43-17 Physicians and Surgeons

N.D. Cent. Code, § 43-17-21 (2013)

43-17-21. License granted without examination to persons licensed in other states.

The board may in its discretion license by endorsement an applicant who has complied with licensure requirements and who has passed an examination given by a recognized certifying agency approved by the licensing agency, provided such examination was, in the opinion of the board, equivalent in every respect to its examination. The board may also, in its discretion, enter into reciprocal agreements with the licensing agencies of other states or territories or the District of Columbia providing for a reciprocal waiver of further examination or any part thereof. In any case the applicant must appear before the board for such examination into the applicant's qualifications as may be required by the board. The board may by regulation make provision for temporary and special licenses to be in effect in the interval between board meetings.

HISTORY: S.L. 1890, ch. 93, § 3; R.C. 1895, § 277; R.C. 1899, § 277; S.L. 1905, ch. 148, § 1; R.C. 1905, § 296; S.L. 1911, ch. 189, § 8; C.L. 1913, § 465; R.C. 1943, § 43-1721; S.L. 1957, ch. 302, § 9; 1957 Supp., § 43-1721.

N.M. Stat. Ann. § 61-6-11.1

Michie's Annotated Statutes Of New Mexico
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*** This section is current through the First Session of the Fifty-First Legislature ***

CHAPTER 61. PROFESSIONAL AND OCCUPATIONAL LICENSES
ARTICLE 6. MEDICINE AND SURGERY

N.M. Stat. Ann. § 61-6-11.1 (2013)

§ 61-6-11.1. Telemedicine license. (Repealed effective July 1, 2016.)

A. The board shall issue a telemedicine license to allow the practice of medicine across state lines to an applicant who holds a full and unrestricted license to practice medicine in another state or territory of the United States. The board shall establish by rule the requirements for licensure; provided the requirements shall not be more restrictive than those required for licensure by endorsement.

B. A telemedicine license shall be issued for a period not to exceed three years and may be renewed upon application, payment of fees as provided in [Section 61-6-19 NMSA](#) 1978 and compliance with other requirements established by rule of the board.

HISTORY: [Laws 2001, ch. 96, § 10.](#)

NOTES: STATUTORY NOTES

DELAYED REPEALS. --For termination of agency and repeal of this section, see [61-6-35 NMSA](#) 1978.

EDITOR'S NOTES. --[Laws 2008, ch. 55, § 3](#), amended [61-6-35 NMSA](#) 1978 which changed the repeal of this section from July 1, 2010 to July 1, 2016.

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*** This section is current through the First Session of the Fifty-First Legislature ***

CHAPTER 61. PROFESSIONAL AND OCCUPATIONAL LICENSES
ARTICLE 6. MEDICINE AND SURGERY

N.M. Stat. Ann. § 61-6-20 (2013)

§ 61-6-20. Practicing without license; penalty. (Repealed effective July 1, 2016.)

A. Any person who practices medicine or who attempts to practice medicine without first complying with the provisions of the Medical Practice Act [[61-6-1 NMSA](#) 1978] and without being the holder of a license entitling him to practice medicine in New Mexico is guilty of a fourth degree felony.

B. Any person who practices medicine across state lines or who attempts to practice medicine across state lines without first complying with the provisions of the Medical Practice Act and without being the holder of a telemedicine license entitling him to practice medicine across state lines is guilty of a fourth degree felony.

C. Any person convicted pursuant to Subsection A or B of this section shall be sentenced under the provisions of the Criminal Sentencing Act [[31-18-12 NMSA](#) 1978] to imprisonment for a definite period not to exceed eighteen months and, in the discretion of the sentencing court, to a fine not to exceed five thousand dollars (\$ 5,000), or both. Each occurrence of practicing medicine or attempting to practice medicine without complying with the Medical Practice Act [[61-6-1 NMSA](#) 1978] shall be a separate violation.

HISTORY: Laws 1923, ch. 44, § 9; C.S. 1929, § 110-110; 1941 Comp., § 51-510; 1953 Comp., § 67-5-12; Laws 1955, ch. 44 [§ 1]; 1969, ch. 46, § 8; 1978 Comp., § 61-6-18, recompiled as § 61-6-20 by [Laws 1989, ch. 269, § 16](#); [2001, ch. 96, § 7](#).

NOTES: STATUTORY NOTES

DELAYED REPEALS. --For termination of agency and repeal of this section, see [61-6-35 NMSA](#) 1978.

Utah Telehealth Study - Phase 2 Report
Prepared by Pilot Healthcare Strategies for the Utah Division of Occupational and Professional Licensing
May 2, 2014

CROSS REFERENCES. --License may be refused, revoked or suspended; licensee may be fined, censured or reprimanded; procedure; practice after suspension or revocation; penalty; unprofessional and dishonorable conduct defined; fees and expenses, [61-6-15 NMSA](#) 1978.

EDITOR'S NOTES. --[Laws 2008, ch. 55, § 3](#), amended [61-6-35 NMSA](#) 1978 which changed the repeal of this section from July 1, 2010 to July 1, 2016.

16.10.2.7 NMAC

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* Current through New Mexico Register, Vol. XXV, No. 6 dated March 31, 2014 *

TITLE 16. OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 10. MEDICINE AND SURGERY PRACTITIONERS
PART 2. PHYSICIANS: LICENSURE REQUIREMENTS

16.10.2.7 NMAC (2014)

§ 16.10.2.7. DEFINITIONS.

A. "Board approved school" means a medical school that has been approved by the liaison committee on medical education, composed of the American medical association and the association of American medical colleges, has a liaison council on medical education (LCME)-approved curriculum or equivalent for graduates of Canadian schools, is on the approved list of the California state medical board, or has been approved by the board.

B. "Board approved training program" means a program approved by the accrediting council on graduate medical education of the American medical association (ACGME), the royal college of physicians and surgeons of Canada (RCPSC), or a residency program located within an ACGME approved institution that has been approved by the board.

C. "Board approved credential verification service" means a credential verification service certified by the national commission on quality assurance (NCQA) and approved by the board.

D. "HSC" means the hospital services corporation, a New Mexico corporation, and a credential verification organization certified by the national commission on quality assurance (NCQA).

E. "FCVS" means the federation credential verification service of the federation of state medical boards.

F. "Major disaster" means a declaration of a major disaster by the federal emergency management agency (FEMA).

G. "Military service member" means a person who is serving in the armed forces of the United States or in a reserve component of the armed forces of the United States, including the national guard.

H. "Nationwide criminal history record," information concerning a person's arrests, indictments, or other formal criminal charges and any dispositions arising there from, including convictions, dismissals, acquittals, sentencing and correctional supervision, collected by criminal justice agencies and stored in the computerized databases of the federal bureau of investigation, the national law enforcement telecommunications systems, the department of public safety or the repositories of criminal history information in other states.

I. "Nationwide criminal history screening," a criminal history background investigation of an applicant for licensure by examination or endorsement through the use of fingerprints reviewed by the department of public safety and submitted to the federal bureau of investigation, resulting in the generation of a nationwide criminal history record for that applicant.

J. "Recent veteran" means a person who has received an honorable discharge or separation from military service within the two years immediately preceding the date the person applies for a medical license pursuant to section 16.10.2.17. The veteran shall submit a copy of Form DD214, or its equivalent, as part of the application process.

K. "**Telemedicine**" means the practice of medicine across state lines as defined in the Medical Practice Act, Section 61-6-6, K NMSA 1978.

[16.10.2.7 NMAC - Rp 16 NMAC 10.2.7, 4/18/02; A, 1/20/03; A, 10/7/05; A, 12/30/05; A, 7/1/06; A, 1/10/07; A, 10/11/13]

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

Physician Licensing & Continuing Education

HIERARCHY NOTES:

See 16.10.2 NMAC

16.10.2.8 NMAC

Utah Telehealth Study - Phase 2 Report

Prepared by Pilot Healthcare Strategies for the Utah Division of Occupational and Professional Licensing

May 2, 2014

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TITLE 16. OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 10. MEDICINE AND SURGERY PRACTITIONERS
PART 2. PHYSICIANS: LICENSURE REQUIREMENTS

16.10.2.8 NMAC (2014)

§ 16.10.2.8. CATEGORIES OF ACTIVE LICENSES.

Individuals holding one of the following categories of medical license are eligible to practice medicine and surgery in New Mexico.

- A. Medical. An unrestricted license to practice medicine and surgery.
- B. **Telemedicine.** A limited medical license that allows a physician located outside New Mexico to practice medicine on patients located in New Mexico.
- C. Post-graduate. A limited training license issued by the board to physicians who are enrolled in a board approved training program.
- D. Public service. A limited license issued by the board to physicians in training who have successfully completed one year of post-graduate training.
- E. Temporary. A limited license that allows a physician to practice medicine for a limited time after meeting certain specific conditions.
- F. Federal emergency. An unrestricted license to practice medicine and surgery issued without receipt of all documentation required for a medical license because of a major disaster.

[16.10.2.8 NMAC - N, 4/18/02; A, 4/3/05; A, 12/30/05]

NOTES:

16.10.2.11 NMAC

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TITLE 16. OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 10. MEDICINE AND SURGERY PRACTITIONERS
PART 2. PHYSICIANS: LICENSURE REQUIREMENTS

16.10.2.11 NMAC (2014)

§ 16.10.2.11. **TELEMEDICINE** LICENSE.

A. Prerequisites for licensure. Each applicant for a **telemedicine** license must be of good moral character and hold a full and unrestricted license to practice medicine in another state or territory of the United States.

B. Required documentation. Each applicant for a **telemedicine** license must submit the required fees as specified in 16.10.9.8 NMAC and the following documentation

(1) A completed signed application, with a passport quality photo taken within six months. Applications are valid for one year from the date of receipt.

(2) Verification of licensure in all states where the applicant holds or has held a license to practice medicine, or other health care profession. Verification must be received directly from the other state(s) board, and must attest to the status, issue date, license number, and other information requested and contained on the form.

(3) Applicants who have had previous disciplinary or other action against them may be required to meet with the entire board. The board may, in its discretion, issue a license to practice medicine across state lines if it finds that the previous disciplinary or other action does not indicate that the physician is a potential threat to the public.

C. Licensure process. Upon receipt of a completed application, including all required documentation and fees, board staff will request and review an AMA physician profile and FSMB board action databank search. When the application is complete a member or agent of the board will review and may approve the application. A personal interview is not required unless there is a discrepancy in the application that cannot be resolved.

D. Initial license expiration. **Telemedicine** licenses shall be renewed on July 1 following the date of issue. Initial licenses are valid for a period of not more than thirteen months or less than one month.

E. Exemption from licensure requirements are defined in Section 61-6-17 of the Medical Practice Act and

include a physician licensed to practice under the laws of another state who acts as a consultant to a New Mexico licensed physician on an irregular or infrequent basis not to exceed ten patients per year.

[16.10.2.11 NMAC - Rp 16 NMAC 10.2.13, 4/18/02; 16.10.2.11 NMAC - Rn & A, 16.10.2.10 NMAC; 1/20/03; A, 4/3/05; A, 7/1/06; A, 1/3/08; A, 10/11/13]

NOTES:

LexisNexis 50 State Surveys, Legislation & Regulations

Physician Licensing & Continuing Education

NEVADA REVISED STATUTES ANNOTATED
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*** This document is current through the Seventy-Seventh (2013) and the Twenty-Seventh Special (2013) Session***

*** ANNOTATIONS CURRENT THROUGH OPINIONS POSTED AS OF SEPTEMBER 27, 2013 ***

TITLE 54. Professions, Occupations And Businesses.
CHAPTER 630. Physicians, Physician Assistants, Medical Assistants, Perfusionists, and Practitioners of
Respiratory Care.
Licensing
Special Categories of Licenses

Nev. Rev. Stat. Ann. § 630.261 (2013)

630.261. Locum tenens, special, restricted, temporary and special purpose licenses.

1. Except as otherwise provided in NRS 630.161, the Board may issue:

(a) A locum tenens license, to be effective not more than 3 months after issuance, to any physician who is licensed and in good standing in another state, who meets the requirements for licensure in this State and who is of good moral character and reputation. The purpose of this license is to enable an eligible physician to serve as a substitute for another physician who is licensed to practice medicine in this State and who is absent from his or her practice for reasons deemed sufficient by the Board. A license issued pursuant to the provisions of this paragraph is not renewable.

(b) A special license to a licensed physician of another state to come into this State to care for or assist in the treatment of his or her own patient in association with a physician licensed in this State. A special license issued pursuant to the provisions of this paragraph is limited to the care of a specific patient. The physician licensed in this State has the primary responsibility for the care of that patient.

(c) A restricted license for a specified period if the Board determines the applicant needs supervision or restriction.

(d) A temporary license for a specified period if the physician is licensed and in good standing in another state

and meets the requirements for licensure in this State, and if the Board determines that it is necessary in order to provide medical services for a community without adequate medical care. A temporary license issued pursuant to the provisions of this paragraph is not renewable.

(e) A special purpose license to a physician who is licensed in another state to perform any of the acts described in subsections 1 and 2 of NRS **630.020** by using equipment that transfers information concerning the medical condition of a patient in this State electronically, telephonically or by fiber optics from within or outside this State or the United States. A physician who holds a special purpose license issued pursuant to this paragraph:

(1) Except as otherwise provided by specific statute or regulation, shall comply with the provisions of this chapter and the regulations of the Board; and

(2) To the extent not inconsistent with the Nevada Constitution or the United States Constitution, is subject to the jurisdiction of the courts of this State.

2. For the purpose of paragraph (e) of subsection 1, the physician must:

(a) Hold a full and unrestricted license to practice medicine in another state;

(b) Not have had any disciplinary or other action taken against him or her by any state or other jurisdiction; and

(c) Be certified by a specialty board of the American Board of Medical Specialties or its successor.

3. Except as otherwise provided in this section, the Board may renew or modify any license issued pursuant to subsection 1.

HISTORY: 1973, p. 511; 1985, pp. 2222, 2232; 1991, ch. 407, § 3, p. 1069; 1993, ch. 559, § 6, p. 2300; 2001, ch. 152, § 21, p. 763; 2003, ch. 334, § 14, p. 1889; 2003, ch. 508, § 51, p. 3432; 2009, ch. 494, § 37, p. 2956; 2013, ch. 378, § 4, p. 2013.

NOTES: Effect of amendment.

The 2009 amendment, effective October 1, 2009, deleted "if the physician" at the end of the introductory language of (1)(e); deleted former (1)(e)(1) through (1)(e)(2); added (2) and redesignated accordingly.

The 2013 amendment, effective June 2, 2013, in the introductory language of (1)(e), in the first sentence, substituted "perform any of the acts described in subsections 1 and 2 of NRS **630.020** by using" for "permit the use of," deleted "across state lines" following "in this State," and added "from within or outside this State or the United States" and added the second sentence; and added (1)(e)(1) and (1)(e)(2).

ORC Ann. 4731.296

Page's Ohio Revised Code Annotated:
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Current through Legislation passed by the 130th General Assembly
and filed with the Secretary of State through File 79
*** Annotations current through March 7, 2014 ***

TITLE 47. OCCUPATIONS -- PROFESSIONS
CHAPTER 4731. PHYSICIANS; LIMITED PRACTITIONERS

Go to the Ohio Code Archive Directory

ORC Ann. 4731.296 (2014)

§ 4731.296. Telemedicine certificate

(A) For the purposes of this section, "the practice of telemedicine" means the practice of medicine in this state through the use of any communication, including oral, written, or electronic communication, by a physician located outside this state.

(B) A person who wishes to practice telemedicine in this state shall file an application with the state medical board, together with a fee in the amount of the fee described in division (D) of section 4731.29 of the Revised Code and shall comply with sections 4776.01 to 4776.04 of the Revised Code. If the board, in its discretion, decides that the results of the criminal records check do not make the person ineligible for a telemedicine certificate, the board may issue, without examination, a telemedicine certificate to a person who meets all of the following requirements:

(1) The person holds a current, unrestricted license to practice medicine and surgery or osteopathic medicine and surgery issued by another state that requires license holders to complete at least fifty hours of continuing medical education every two years.

(2) The person's principal place of practice is in that state.

(3) The person does not hold a certificate issued under this chapter authorizing the practice of medicine and surgery or osteopathic medicine and surgery in this state.

(4) The person meets the same age, moral character, and educational requirements individuals must meet under sections 4731.08, 4731.09, 4731.091, and 4731.14 of the Revised Code and, if applicable, demonstrates proficiency in spoken English in accordance with division (E) of section 4731.29 of the Revised Code.

(C) The holder of a telemedicine certificate may engage in the practice of telemedicine in this state. A person holding a telemedicine certificate shall not practice medicine in person in this state without obtaining a special activity certificate under section 4731.294 of the Revised Code.

(D) The board may revoke a certificate issued under this section or take other disciplinary action against a certificate holder pursuant to section 4731.22 of the Revised Code on receiving proof satisfactory to the board that the certificate holder has engaged in practice in this state outside the scope of the certificate or that there are grounds for action against the holder under section 4731.22 of the Revised Code.

(E) A telemedicine certificate shall be valid for a period specified by the board, and the initial renewal shall be in accordance with a schedule established by the board. Thereafter, the certificate shall be valid for two years. A certificate may be renewed on application of the holder.

To be eligible for renewal, the holder of the certificate shall do both of the following:

(1) Pay a fee in the amount of the fee described in division (B)(1) of section 4731.281 of the Revised Code;

(2) Certify to the board compliance with the continuing medical education requirements of the state in which the holder's principal place of practice is located.

The board may require a random sample of persons holding a telemedicine certificate to submit materials documenting completion of the continuing medical education requirements described in this division.

(F) The board shall convert a telemedicine certificate to a certificate issued under section 4731.29 of the Revised Code on receipt of a written request from the certificate holder. Once the telemedicine certificate is converted, the holder is subject to all requirements and privileges attendant to a certificate issued under section 4731.29 of the Revised Code, including continuing medical education requirements.

HISTORY:

Utah Telehealth Study - Phase 2 Report

Prepared by Pilot Healthcare Strategies for the Utah Division of Occupational and Professional Licensing

May 2, 2014

148 v H 585. Eff 4-10-2001; 152 v H 104, § 1, eff. 3-24-08.

NOTES:

Section Notes

Editor's Notes

See provisions, § 3 of HB 585 (148 v --) following RC § 4731.281.

EFFECT OF AMENDMENTS

152 v H 104, effective March 24, 2008, in (B), added "and shall comply with sections 4776.01 to 4776.04 of the Revised Code" to the end of the first sentence and "If the board, in its discretion, decides that the results of the criminal records check do not make the person ineligible for a telemedicine certificate" to the beginning of the second sentence.

OAC Ann. 4731-10-11

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*** This document is current through the Ohio Register for the week of March 24, 2014 through March 28, 2014 ***

4731 State Medical Board
Chapter 4731-10 Licensing; Continuing Education

OAC Ann. 4731-10-11 (2014)

4731-10-11. Telemedicine certificates.

(A) A **telemedicine** licensee's registration group shall be based on the first letter of his or her last name at the time of initial **telemedicine** licensure. Each licensee shall remain in their originally assigned license registration group for all subsequent license renewals. If a **telemedicine** certificate is converted, pursuant to division (E) of

section 4731.296 of the Revised Code, to a certificate issued under section 4731.29 of the Revised Code the licensee shall remain in the same registration group as at the time of initial **telemedicine** licensure.

(B) An initial **telemedicine** certificate shall be valid until the renewal date for the **telemedicine** licensee's registration group. If initial **telemedicine** licensure is granted on or after the first day of the eighteenth month of a registration period, the licensee shall not be required to renew for that registration period but shall be required to renew for all subsequent registration periods.

(C) An applicant for an initial **telemedicine** certificate or for renewal of a **telemedicine** certificate shall hold a current, unrestricted license to practice medicine and surgery or osteopathic medicine and surgery issued by another state that requires license holders to complete at least fifty hours of CME every two years. A holder of a **telemedicine** certificate who fails to meet the CME requirements of the state in which he or she holds the license used to qualify for the **telemedicine** certificate shall report that failure in writing to the board.

History:Eff 2-28-03.

Rule promulgated under: RC 119.03.

Rule authorized by: RC 4731.05, 4731.281, 4731.295.

Rule amplifies: RC 4731.22, 4731.281, 4731.291, 4731.292, 4731.293, 4731.294, 4731.295, 4731.296 R.C. 119.032 review dates: 03/25/2006.

Oklahoma

59 Okl. St. § 633

OKLAHOMA STATUTES, ANNOTATED BY LEXISNEXIS (R)

*** Current through Chapter 23(End) of the First Extraordinary Session of the 54th Legislature (2013) ***
*** Annotations current through December 30, 2013 ***

TITLE 59. PROFESSIONS AND OCCUPATIONS
CHAPTER 14. OSTEOPATHIC MEDICINE ACT
REGULATION AND LICENSING

Go to the Oklahoma Code Archive Directory

59 Okl. St. § 633 (2013)

§ 633. Licensure

Each applicant who has met all requirements for licensure shall be issued a license to practice as an osteopathic physician and surgeon. Upon application, the State Board of **Osteopathic Examiners** may also issue special licenses, including a Temporary License, a Resident Training License, a **Telemedicine** License or a Military Spouse License.

HISTORY: Laws 2013, ch. 226 (HB 1235), § 1, eff. Nov. 1, 2013.

LexisNexis (R) Notes:

CASE NOTES

Healthcare Law > Business Administration & Organization > Licenses > General Overview

1. Board order conditioning reinstatement of osteopath who had surrendered his license on proof of a license from another state or passing the required examination did not deprive him of a license without a hearing and was within Board's authority under Okla. Stat. tit. 59, §§ 633 and 634. *Gaddy v. Oklahoma State Board of Osteopathy*, 1976 OK 125, 554 P.2d 1375, 1976 Okla. LEXIS 572 (Okla. Sept. 28 1976).

Oregon

Utah Telehealth Study - Phase 2 Report

Prepared by Pilot Healthcare Strategies for the Utah Division of Occupational and Professional Licensing

May 2, 2014

Or. Admin. R. 847-008-0022

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*** This document is current through changes published in the ***
*** March 1, 2014 Oregon Bulletin ***

CHAPTER 847 OREGON MEDICAL BOARD
DIVISION 8 REGISTRATION, USE OF NAME, CHANGE OF ADDRESS

Or. Admin. R. 847-008-0022 (2014)

847-008-0022 Teleradiology Registration

(1) Teleradiology is the electronic transmission of radiological images from one location to another for the purposes of interpretation and/or consultation.

(2) A physician whose specialty is radiology or diagnostic radiology who practices in a location outside of Oregon and receives radiological images via teleradiology from an Oregon location for interpretation or consultation and who communicates his/her radiological findings back to the ordering physician is practicing teleradiology for Oregon. A physician practicing teleradiology for Oregon is not required to be licensed in Oregon. The Board, however, offers a license with Active -- Teleradiology registration status for those physicians who require such for administrative reasons.

(3) Physicians granted Active -- Teleradiology status register and pay a biennial active registration fee. The physician with Active -- Teleradiology status desiring to have Active status to practice in Oregon must submit the Affidavit of Reactivation and processing fee, and satisfactorily complete the reactivation process before beginning active practice in Oregon.

Statutory Authority: [ORS 677.265](#)

Statutes Implemented: [ORS 677.172](#)

Utah Telehealth Study - Phase 2 Report

Prepared by Pilot Healthcare Strategies for the Utah Division of Occupational and Professional Licensing

May 2, 2014

History: BME 14-2004, f. & cert. ef. 7-13-04; BME 2-2007, f. & cert. ef. 1-24-07; BME 8-2008, f. & cert. ef. 4-24-08

Or. Admin. R. 847-008-0023

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*** March 1, 2014 Oregon Bulletin ***

CHAPTER 847 OREGON MEDICAL BOARD
DIVISION 8 REGISTRATION, USE OF NAME, CHANGE OF ADDRESS

Or. Admin. R. 847-008-0023 (2014)

847-008-0023 Telemonitoring Registration

(1) Telemonitoring is the intraoperative monitoring of data collected during surgery and electronically transmitted to a physician who practices in a location outside of Oregon via a telemedicine link for the purpose of allowing the monitoring physician to notify the operating team of changes that may have a serious effect on the outcome and/or survival of the patient. The monitoring physician is in communication with the operation team through a technician in the operating room.

(2) The facility where the surgery is to be performed must be a licensed hospital or ambulatory surgical center licensed by the Department of Human Services, must grant medical staff membership and/or clinical privileges to the monitoring physician, and must request the Oregon Medical Board grant Active-Telemonitoring status to the monitoring physician to perform intraoperative telemonitoring on patients during surgery.

(3) Physicians granted Active-Telemonitoring status may register and pay a biennial active registration fee. The physician with Active-Telemonitoring status desiring to have Active status to practice in Oregon must submit the Affidavit of Reactivation and processing fee, and satisfactorily complete the reactivation process before

beginning active practice in Oregon.

Statutory Authority: [ORS 677.265](#)

Statutes Implemented: [ORS 677.265](#)

History: BME 1-2006(Temp), f. & cert. ef. 2-8-06 thru 7-7-06; BME 8-2006, f. & cert. ef. 5-8-06; BME 2-2007, f. & cert. ef. 1-24-07; BME 8-2008, f. & cert. ef. 4-24-08; BME 2-2010, f. & cert. ef. 1-26-10

Or. Admin. R. 847-025-0010

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*** This document is current through changes published in the ***
*** March 1, 2014 Oregon Bulletin ***

CHAPTER 847 OREGON MEDICAL BOARD
DIVISION 25 RULES FOR LICENSURE TO PRACTICE MEDICINE ACROSS STATE LINES

Or. Admin. R. 847-025-0010 (2014)

847-025-0010 Definitions

"The practice of medicine across state lines" means:

(1) The direct rendering to a person of a written or otherwise documented medical opinion concerning the diagnosis or treatment of that person located within Oregon for the purpose of patient care by a physician located outside Oregon as a result of the transmission of individual patient data by electronic or other means from within Oregon to that physician or the physician's agent outside Oregon; or

(2) The direct rendering of medical treatment to a person located within Oregon by a physician located outside Oregon as a result of the outward transmission of individual patient data by electronic or other means from

within this state to that physician or the physician's agent outside the state.

Statutory Authority: [ORS 677.265](#)

Statutes Implemented: [ORS 677.135](#), [ORS 677.137](#), [ORS 677.139](#) & [ORS 677.141](#)

History: BME 10-2000, f. & cert. ef. 7-27-00

63 P.S. § 422.27

PENNSYLVANIA STATUTES, ANNOTATED BY LEXISNEXIS(R)

*** Pa.C.S. documents are current through 2014 Regular Session Act 34, Enacted April 15, 2014.***

P.S. documents are current through 2014 Regular Session Acts Act 2014-21, 23, 24, 26, 27 and 30, Enacted April 10, 2014

* Annotations current through April 7, 2014*

PENNSYLVANIA STATUTES
TITLE 63. PROFESSIONS AND OCCUPATIONS (STATE LICENSED)
CHAPTER 12. MEDICAL PRACTICE ACT OF 1985

63 P.S. § 422.27 (2014)

§ 422.27. Reciprocity or endorsement

Reciprocity or endorsement may be established at the discretion of the board. As used in this section the term "reciprocity" means the act of the board and a licensing authority in another jurisdiction, each recognizing that the requirements for a license or certificate in this Commonwealth and in the other jurisdiction are equivalent, issuing a license or certificate to an applicant who possesses a similar license or certificate in the other jurisdiction. As used in this section the term "endorsement" means the issuance of a license or certificate by the board to an applicant who does not meet standard requirements, if the applicant has achieved cumulative qualifications which are accepted by the board as being equivalent to the standard requirements for the license or certificate.

HISTORY: Act 1985-112 (S.B. 1158), P.L. 457, § 27, approved Dec. 20, 1985, eff. Jan. 1, 1986.

PENNSYLVANIA STATUTES

TITLE 63. PROFESSIONS AND OCCUPATIONS (STATE LICENSED)
CHAPTER 12. MEDICAL PRACTICE ACT OF 1985

63 P.S. § 422.34 (2014)

§ 422.34. Extraterritorial license

(a) GENERAL RULE.-- An extraterritorial license empowers the licensee residing in or maintaining the office of practice in any adjoining state near the boundary line between such state and this Commonwealth, whose medical practice extends into this Commonwealth, to practice medicine and surgery with or without restriction in this Commonwealth on such patients.

(b) REQUIREMENTS.-- No extraterritorial license may be issued unless the applicant holds the equivalent of a license without restriction granted by a state adjoining this Commonwealth.

(c) ADDITIONAL CONDITIONS.-- An extraterritorial license may be granted by the board so long as the board is provided with:

- (1) An application for the license, which shall include information on malpractice insurance coverage compliance.
- (2) A certification by the authorized licensing body of such state of the current license in the state of residence and primary practice.

The exercise of the discretion of the board in granting such a license will depend primarily upon the needs of patients in this Commonwealth, the availability of medical care in the specific area involved and whether the adjoining state of licensure reciprocates by extending similar privileges to medical doctors who reside and have their office of practice in this Commonwealth. Such a license will be automatically revoked if such medical doctor relocates the office of practice or residence. A medical doctor granted such a license has the duty to inform the board of any changes in practice which may in any way affect the maintenance of the license.

HISTORY: Act 1985-112 (S.B. 1158), P.L. 457, § 34, approved Dec. 20, 1985, eff. Jan. 1, 1986.

South Dakota

ARSD 20:78:03:12

20:78:03:12. Reciprocity. An applicant who holds a valid medical license issued by another state may be licensed by reciprocity in South Dakota under the provisions of SDCL 36-4-19 only if the applicant has completed a residency program in the United States or Canada; has passed one of the following licensure examinations within the time and manner required by SDCL 36-4-17 and 36-4-17.1, as applicable: examination administered by any state medical licensing board, the Federal Licensure Examination, National Board of Medical Examiners Endorsement of Certification, Osteopathic Medical Licensing Examination - USA, Licentiate of the Medical Council of Canada, or the United States Medical Licensing Examination; has not had any allegations of misconduct or proceedings instituted for the cancellation, conditioning, suspension or revocation of the applicant's license in any state; and completion of a state and federal criminal background investigation.

Source: 40 SDR 129, effective January 20, 2014.

General Authority: SDCL 36-4-11, 36-4-35.

Law Implemented: SDCL 36-4-11, 36-4-11.1, 36-4-12.2, 36-4-17, 36-4-19, 36-4-19.1.

Tennessee

Tenn. Comp. R. & Regs. R. 0880-02-.16

RULES AND REGULATIONS OF THE STATE OF TENNESSEE

*** This document is current through February 2014 ***

RULES OF THE TENNESSEE STATE BOARD OF MEDICAL EXAMINERS CHAPTER 0880-02 GENERAL RULES AND REGULATIONS GOVERNING THE PRACTICE OF MEDICINE

Tenn. Comp. R. & Regs. R. **0880-02-.16** (2014)

0880-02-.16 TELEMEDICINE LICENSURE.

No person shall engage in the practice of medicine across state lines in this State, hold himself out as qualified to do the same, or use any title, word, or abbreviation to indicate to or induce others to believe that he is licensed to practice medicine across state lines in this State unless he is actually so licensed in accordance with the provisions of this rule.

(1) Definitions - As used in this rule, the practice of medicine across state lines (telemedicine) means:

(a) The rendering of a written or otherwise documented medical opinion concerning diagnosis or treatment of a patient within this State by a physician located outside this State as a result of transmission of individual patient data by electronic or other means from within this State to such physician or his agent; or

(b) The rendering of treatment to a patient within this State by a physician located outside this State as a result of transmission of individual patient data by electronic or other means from within this State to such physician or his agent.

(2) Issuance of License - An applicant who has an unrestricted license in good standing in another state and maintains an unencumbered certification in a recognized specialty area; or is eligible for such certification and indicates a residence and a practice outside the State of Tennessee but proposes to practice medicine across state lines on patients within the physical boundaries of the State of Tennessee, shall in the discretion of the Board be issued a telemedicine license.

(a) To obtain a license, an applicant shall compile the following and when completed, submit them to the Board Administrative Office:

1. A Board approved application form; and

2. All documentation required by rule 0880-02-.05 paragraphs (2), (4), (5), (6), (7) and (10).

(b) The practice of any person issued a telemedicine license shall be restricted to the specialty area of medicine in which that person is certified or in which the person is eligible for certification.

(c) All telemedicine licenses must be renewed, inactivated or retired according to the same procedure as active unrestricted licenses governed by rules 0880-02-.09 and 0880-02-.10.

(d) All telemedicine licenses are subject to discipline for the same causes and pursuant to the same procedures as active unrestricted licenses.

(e) In the event of previous disciplinary or other action against the applicant, the Board may, in its discretion, issue a license to practice medicine across state lines if it finds that the previous disciplinary or other action does not indicate that the physician is a potential threat to the public.

(3) Effect of License - The issuance by the Board of a special purpose license to practice medicine across state lines subjects the licensee to the jurisdiction of the Board in all matters set forth in the Medical Practice Act and implementing rules and regulations, including all matters related to discipline.

(a) The licensee agrees by acceptance of such license to

1. Produce patient medical records and/or materials as requested by the Board and/or to appear before the Board upon receipt of notice commanding appearance issued by the Board. Failure of the licensee to appear and/or to produce records or materials as requested, after appropriate notice, shall constitute grounds to suspend or revoke the licensee's telemedicine license at the Board's discretion.

2. Designate on the licensure application the name, address and telephone number of a physician residing in Tennessee upon whom service of process for any disciplinary action filed against the licensee can be legally effected in the event that personal service upon the licensee has been shown to be unsuccessful. Service of process on that named individual, for acts or omissions that occurred during or as a result of the treatments provided or ordered by the licensee for patients physically located in Tennessee, is legally equivalent to personal service on the licensee.

(4) Patient Medical Records - Any licensee licensed under the provision of this rule shall comply with all applicable laws, rules, and regulations of this state governing the maintenance of patient medical records, including patient confidentiality requirements, regardless of the state where the medical records of any patient within this State are maintained.

(5) Any person who violates the provisions of these rules is subject to criminal prosecution for the unlicensed practice of medicine pursuant to T.C.A. § 63-6-203, and/or injunctive or other action authorized in this State to prohibit or penalize continued practice without a license. Nothing in this rule shall be interpreted to limit or restrict the Board's authority to discipline any physician licensed to practice in this State who violates the Medical Practice Act while engaging in the practice of medicine within this or any other State.

(6) Exempted from the provisions of these rules are the following:

(a) A physician who practices medicine across state lines in an emergency; or

(b) A physician who engages in the practice of medicine across state lines that occurs less than once a month or involves fewer than ten patients on an annual basis, or comprises less than one percent (1%) of the physician's diagnostic or therapeutic practice; or

(c) Physicians who engage in the practice of medicine across state lines without compensation or expectation of compensation unless the practice exceeds the limits established by paragraph (6)(b); or

(d) The informal practice of medicine in the form of uncompensated consultations regardless of their frequency; or

(e) Licensed/registered physicians or surgeons of other states when called in consultation by a Tennessee licensed/registered physician as provided by T.C.A. § 63-6-204 (a) (3).

(7) Not exempted from these rules is the practice of medicine across state lines conducted within the parameters of a contractual relationship regardless of whether or not the practice is within the limits established by paragraph (6)(b) and regardless of whether or not it is for compensation or the promise of compensation.

(8) Submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS to the Board Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).

T.C.A. §§ 4-5-202, 4-5-204, 63-6-101, 63-6-209, 63-6-214.

ADMINISTRATIVE HISTORY FOR THIS REGULATION: Original Rule filed January 26, 1998; effective April 11, 1998. Amendment filed February 3, 1998; effective April 19, 1998. Amendment filed November 23, 2005; effective February 6, 2006. Amendment filed March 14, 2006; effective May 28, 2006.

Tenn. Code Ann. § 63-6-209

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RULES AND REGULATIONS OF THE STATE OF TENNESSEE

Tenn. Comp. R. & Regs. R. 1050-02-.17

RULES AND REGULATIONS OF THE STATE OF TENNESSEE

*** This document is current through February 2014 ***

RULES OF THE TENNESSEE STATE BOARD OF OSTEOPATHIC EXAMINATION
CHAPTER 1050-02 GENERAL RULES AND REGULATIONS GOVERNING THE PRACTICE OF
OSTEOPATHY

Tenn. Comp. R. & Regs. R. 1050-02-.17 (2014)

1050-02-.17 **TELEMEDICINE** LICENSURE.

No person shall engage in the practice of osteopathic medicine across state lines in this State, hold himself out as qualified to do the same, or use any title, word, or abbreviation to indicate to or induce others to believe that he is licensed to practice osteopathic medicine across state lines in this State unless he is actually so licensed in accordance with the provisions of this rule.

(1) Definitions - As used in this rule, the practice of osteopathic medicine across state lines (**telemedicine**) means:

(a) The rendering of a written or otherwise documented medical opinion concerning diagnosis or treatment of a patient within this State by an osteopathic physician located outside this State as a result of transmission of individual patient data by electronic or other means from within this State to such osteopathic physician or his agent; or

(b) The rendering of treatment to a patient within this State by an osteopathic physician located outside this State as a result of transmission of individual patient data by electronic or other means from within this State to such osteopathic physician or his agent.

(2) Issuance of License - An applicant who has an unrestricted license in good standing in another state and maintains an unencumbered certification in a recognized specialty area; or is eligible for such certification and indicates a residence and a practice outside the State of Tennessee but proposes to practice osteopathic medicine across state lines on patients within the physical boundaries of the State of Tennessee, shall in the discretion of the Board be issued a **telemedicine** license.

(a) To obtain a license, an applicant shall compile the following and when completed, submit them to the Board Administrative Office:

1. A Board approved application form; and

Utah Telehealth Study - Phase 2 Report

Prepared by Pilot Healthcare Strategies for the Utah Division of Occupational and Professional Licensing

May 2, 2014

2. All documentation required by rule 1050-2-.03 subparagraphs (1) (b), (1) (f), (1) (g), (1) (i), (1) (j) and (2) (a).
- (b) The practice of any person issued a **telemedicine** license shall be restricted to the specialty area of osteopathic medicine in which that person is certified or in which the person is eligible for certification.
- (c) All **telemedicine** licenses must be renewed, inactivated or retired according to the same procedure as active unrestricted licenses governed by rules 1050-2-.07 and 1050-2-.08.
- (d) All **telemedicine** licenses are subject to discipline for the same causes and pursuant to the same procedures as active unrestricted licenses.
- (e) In the event of previous disciplinary or other action against the applicant, the Board may, in its discretion, issue a license to practice osteopathic medicine across state lines if it finds that the previous disciplinary or other action does not indicate that the osteopathic physician is a potential threat to the public.
- (3) Effect of License - The issuance by the Board of a special purpose license to practice osteopathic medicine across state lines subjects the licensee to the jurisdiction of the Board in all matters set forth in the Osteopathic Practice Act and implementing rules and regulations, including all matters related to discipline. The licensee agrees by acceptance of such license to do the following:
- (a) Produce patient medical records and/or materials as requested by the Board and/or to appear before the Board upon receipt of notice commanding appearance issued by the Board. Failure of the licensee to appear and/or to produce records or materials as requested, after appropriate notice, shall constitute grounds to suspend or revoke the licensee's **telemedicine** license at the Board's discretion.
- (b) Designate on the licensure application the name, address and telephone number of a physician residing in Tennessee upon whom service of process for any disciplinary action filed against the licensee can be legally made in the event that personal service upon the licensee has been shown to be unsuccessful. Service of process on that named individual, for acts or omissions that occurred during or as a result of the treatments provided or ordered by the licensee for patients physically located in Tennessee, is legally equivalent to personal service on the licensee.
- (4) Patient Medical Records - Any licensee licensed under the provision of this rule shall comply with all laws, rules, and regulations governing the maintenance of patient medical records, including patient confidentiality requirements, regardless of the state where the medical records of any patient within this State are maintained.
- (5) Any person who violates the provisions of this Act is subject to criminal prosecution for the unlicensed practice of osteopathic medicine pursuant to T.C.A. § 63-9-109, and/or injunctive or other action authorized in this State to prohibit or penalize continued practice without a license. Nothing in this rule shall be interpreted to limit or restrict the Board's authority to discipline any osteopathic physician licensed to practice in this State who violates the Osteopathic Practice Act while engaging in the practice of osteopathic medicine within this or any other State.

(6) Exempted from the provisions of this rule are the following:

(a) An osteopathic physician who practice osteopathic medicine across state lines in an emergency; or

(b) Licensed / registered osteopathic physicians or surgeons of other states when called in consultation by a Tennessee licensed / registered osteopathic physician.

(7) Not exempted from these rules is the practice of osteopathic medicine across state lines conducted within the parameters of a contractual relationship.

(8) At the Board's discretion, submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS or other Board approved credentialing service to the Board Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).

T.C.A. §§ 4-5-202, 4-5-204, 63-9-101, 63-9-104, and 63-9-111.

ADMINISTRATIVE HISTORY FOR THIS REGULATION: Original rule filed April 10, 2000; effective June 24, 2000. Amendment filed March 14, 2006; effective May 28, 2006.

Tex. Occ. Code § 151.056

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*** This document is current through the 2013 3rd Called Session ***
*** Federal case annotations: July 9, 2013 postings on Lexis ***
*** State case annotations: July 31, 2013 postings on Lexis ***

OCCUPATIONS CODE
TITLE 3. HEALTH PROFESSIONS
SUBTITLE B. PHYSICIANS
CHAPTER 151. GENERAL PROVISIONS
SUBCHAPTER B. APPLICATION AND CONSTRUCTION OF SUBTITLE

GO TO TEXAS CODE ARCHIVE DIRECTORY

Tex. Occ. Code § 151.056 (2013)

§ 151.056. Application to **Telemedicine**

(a) A person who is physically located in another jurisdiction but who, through the use of any medium, including an electronic medium, performs an act that is part of a patient care service initiated in this state, including the taking of an x-ray examination or the preparation of pathological material for examination, and that would affect the diagnosis or treatment of the patient, is considered to be engaged in the practice of medicine in this state and is subject to appropriate regulation by the board.

(b) This section does not apply to the act of:

(1) a medical specialist located in another jurisdiction who provides only episodic consultation services on request to a physician licensed in this state who practices in the same medical specialty;

(2) a physician located in another jurisdiction who is providing consultation services to a medical school as defined by Section 61.501, Education Code;

(3) a physician located in another jurisdiction who is providing consultation services to an institution subject

to:

(A) Subchapter C, Chapter 73, Education Code; or

(B) Subchapter K, Chapter 74, Education Code; or

(4) a physician located in another jurisdiction of a state having borders contiguous with the borders of this state who is the treating physician of a patient and orders home health or hospice services for a resident of this state to be delivered by a home and community support services agency licensed in this state.

HISTORY: Enacted by Acts 1999, 76th Leg., ch. 388 (H.B. 3155), § 1, effective September 1, 1999; am. Acts 2001, 77th Leg., ch. 1420 (H.B. 2812), § 14.022(a), effective September 1, 2001.

NOTES:

Editor's Notes. --

See § 151.004 for sunset provision.

22 TAC § 172.12

TEXAS ADMINISTRATIVE CODE

*** This document reflects all regulations in effect as of March 31, 2014 ***

TITLE 22. EXAMINING BOARDS
PART 9. TEXAS MEDICAL BOARD
CHAPTER 172. TEMPORARY AND LIMITED LICENSES
SUBCHAPTER C. LIMITED LICENSES

22 TAC § 172.12 (2014)

§ 172.12. Out-of-State **Telemedicine** License

(a) **Qualifications.** A person may not engage in the practice of medicine across state lines in this State, hold oneself as qualified to do the same, or use any title, word, or abbreviation to indicate or induce others to believe that one is licensed to practice across state lines in this state unless the person is actually so licensed. For a person to be eligible for an out-of-state **telemedicine** license to practice medicine across state lines under the Medical Practice Act, § 151.056, and § 163.1 of this title (relating to Definitions), the person must:

(1) be 21 years of age or older;

(2) be actively licensed to practice medicine in another state which is recognized by the board for purposes of

licensure, and not the recipient of a previous disciplinary action by any other state or jurisdiction;

(3) not be the subject of a pending investigation by a state medical board or another state or federal agency;

(4) be currently certified by a member board of the American Board of Medical Specialties or Bureau of Osteopathic Specialists, or by the American Board of Oral and Maxillofacial Surgery, obtained by passing, within the ten years prior to date of applying for licensure, a monitored:

(A) specialty certification examination;

(B) maintenance of certification examination; or

(C) continuous certification examination;

(5) have passed the Texas Medical Jurisprudence Examination;

(6) complete a board-approved application for an out-of-state **telemedicine** license for the practice of medicine across state lines and submit the requisite initial fee; and

(7) not be determined ineligible for licensure under subsection (b) of this section.

(b) Denial of Out-of-State **Telemedicine** License. An application for an out-of-state **telemedicine** license to practice medicine across state lines may be denied based on failure to demonstrate the requisite qualifications for issuance of an out-of-state license, grounds for denial of an application for a full license pursuant to § 155.003(e) of the Act, failure to submit the required fee, and any grounds for disciplinary action of a licensee under the Medical Practice Act, § 164.051 (relating to Grounds for Denial or Disciplinary Action).

(c) Limits on Out-of-State **Telemedicine** License. An out-of-state **telemedicine** license to practice medicine across state lines shall be limited exclusively to the interpretation of diagnostic testing and reporting results to a physician fully licensed and located in Texas or for the follow-up of patients where the majority of patient care was rendered in another state, and the license holder shall practice medicine in a manner so as to comply with all other statutes and laws governing the practice of medicine in the state of Texas. Unless a person holds a current full license to practice medicine in this state pursuant to this chapter and the provisions of the Medical Practice Act, Chapter 155 (relating to License to Practice Medicine), a person holding an out-of-state **telemedicine** license shall not be authorized to physically practice medicine in the state of Texas.

(d) Registration Requirements. All out-of-state **telemedicine** licenses to practice medicine across state lines licenses must be renewed and maintained according to registration requirements of § 166.1 of this title (relating to Physician Registration).

(e) Disciplinary Action. The issuance by the board of an out-of-state **telemedicine** license subjects the licensee to the jurisdiction of the board in all matters set forth in the Medical Practice Act and all rules and regulations, including all matters related to discipline.

(f) Exemptions. The following activities shall be exempt from the requirements of an out-of-state **telemedicine** license and this chapter:

(1) episodic consultation by a medical specialist located in another jurisdiction who provides such consultation services on request to a person licensed in this state;

(2) consultation services provided by a physician located in another jurisdiction to a medical school as defined in the Education Code, § 61.501;

(3) consultation services provided by a physician located in another jurisdiction to an institution defined in either Subchapter C, Chapter 73, or Subchapter K, Chapter 74 of the Education Code;

(4) informal consultation performed by a physician outside the context of a contractual relationship and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation;

(5) furnishing of medical assistance by a physician in case of an emergency or disaster if no charge is made for the medical assistance; and

(6) ordering home health or hospice services for a resident of this state to be delivered by a home and community support services agency licensed by this state, by the resident's treating physician who is located in another jurisdiction of a state having borders contiguous with the borders of this state.

SOURCE: The provisions of this § 172.12 adopted to be effective January 25, 2006, 31 TexReg 387; amended to be effective September 23, 2010, 35 TexReg 8500; amended to be effective December 4, 2011, 36 TexReg 8029; amended to be effective December 23, 2012, 37 TexReg 9773

NOTES:

CROSS-REFERENCES: This Chapter cited in 22 TAC § 163.2, (relating to Full Texas Medical License).

22 TAC § 174.2

TEXAS ADMINISTRATIVE CODE

*** This document reflects all regulations in effect as of March 31, 2014 ***

TEXAS ADMINISTRATIVE CODE

*** This document reflects all regulations in effect as of March 31, 2014 ***

TITLE 22. EXAMINING BOARDS
PART 9. TEXAS MEDICAL BOARD
CHAPTER 174. TELEMEDICINE

22 TAC § 174.12 (2014)

§ 174.12. State Licensure

Physicians who treat and prescribe through advanced communications technology are practicing medicine and must possess appropriate licensure in all jurisdictions where their patients presently reside. An out-of-state physician may provide episodic consultations without a Texas medical license, as provided in [Texas Occupations Code, § 151.056](#) and § 172.12(f) of this title (relating to Out-of-State Telemedicine License-Exemptions).

SOURCE: The provisions of this § 174.12 adopted to be effective October 17, 2010, [35 TexReg 9085](#)

22 TAC § 741.215

TEXAS ADMINISTRATIVE CODE

*** This document reflects all regulations in effect as of March 31, 2014 ***

TITLE 22. EXAMINING BOARDS
PART 32. STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND
AUDIOLOGY
CHAPTER 741. SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
SUBCHAPTER O. **TELEHEALTH**

22 TAC § 741.215 (2014)

§ 741.215. Requirements of Personnel Providing **Telehealth** Services

- (a) A provider of **telehealth** services who practices in the State shall be licensed by the board.
- (b) A provider of **telehealth** services shall be competent in both the type of services provided and the methodology and equipment used to provide the service.

SOURCE: The provisions of this § 741.215 adopted to be effective January 16, 2011, 36 TexReg 43

Utah Code Ann. § 58-67-301

UTAH CODE ANNOTATED

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*** Statutes current through the 2013 2nd Special Session ***

*** Annotations current through September 20, 2013 ***

TITLE 58. OCCUPATIONS AND PROFESSIONS
CHAPTER 67. UTAH MEDICAL PRACTICE ACT
PART 3. LICENSING

Utah Code Ann. § 58-67-301 (2013)

§ 58-67-301. Licensure required -- License classifications

(1) A license is required to engage in the practice of medicine, on or for any person in Utah, as a physician and surgeon, except as specifically provided in [Section 58-1-307](#) or [58-67-305](#).

(2) The division shall issue to a person who qualifies under this chapter a license in the classification of physician and surgeon.

HISTORY: C. 1953, 58-67-301, enacted by [L. 1996, ch. 248, § 12](#).

Utah Code Ann. § 58-67-305

UTAH CODE ANNOTATED

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*** Statutes current through the 2013 2nd Special Session ***

*** Annotations current through September 20, 2013 ***

TITLE 58. OCCUPATIONS AND PROFESSIONS
CHAPTER 67. UTAH MEDICAL PRACTICE ACT
PART 3. LICENSING

Utah Code Ann. § **58-67-305** (2013)

§ **58-67-305**. Exemptions from licensure

In addition to the exemptions from licensure in Section 58-1-307, the following individuals may engage in the described acts or practices without being licensed under this chapter:

(1) an individual rendering aid in an emergency, when no fee or other consideration of value for the service is charged, received, expected, or contemplated;

(2) an individual administering a domestic or family remedy;

(3) (a) (i) a person engaged in the sale of vitamins, health foods, dietary supplements, herbs, or other products of nature, the sale of which is not otherwise prohibited by state or federal law; and

(ii) a person acting in good faith for religious reasons, as a matter of conscience, or based on a personal belief, when obtaining or providing any information regarding health care and the use of any product under Subsection (3)(a)(i); and

(b) Subsection (3)(a) does not:

(i) allow a person to diagnose any human disease, ailment, injury, infirmity, deformity, pain, or other condition; or

(ii) prohibit providing truthful and non-misleading information regarding any of the products under

Subsection (3)(a)(i);

(4) a person engaged in good faith in the practice of the religious tenets of any church or religious belief, without the use of prescription drugs;

(5) an individual authorized by the Department of Health under Section 26-1-30, to draw blood pursuant to Subsection 41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), or 72-10-502(5)(a)(vi);

(6) a medical assistant while working under the indirect supervision of a licensed physician and surgeon, to the extent the medical assistant:

(a) is engaged in tasks appropriately delegated by the supervisor in accordance with the standards and ethics of the practice of medicine;

(b) does not perform surgical procedures;

(c) does not prescribe prescription medications;

(d) does not administer anesthesia, anesthesia does not mean a local anesthetic for minor procedural use; and

(e) does not engage in other medical practices or procedures as defined by division rule in collaboration with the board;

(7) an individual engaging in the practice of medicine when:

(a) the individual is licensed in good standing as a physician in another state with no licensing action pending and no less than 10 years of professional experience;

(b) the services are rendered as a public service and for a noncommercial purpose;

(c) no fee or other consideration of value is charged, received, expected, or contemplated for the services rendered beyond an amount necessary to cover the proportionate cost of malpractice insurance; and

(d) the individual does not otherwise engage in unlawful or unprofessional conduct;

(8) an individual providing expert testimony in a legal proceeding; and

(9) an individual who is invited by a school, association, society, or other body approved by the division to conduct a clinic or demonstration of the practice of medicine in which patients are treated, if:

(a) the individual does not establish a place of business in this state;

(b) the individual does not regularly engage in the practice of medicine in this state;

(c) the individual holds a current license in good standing to practice medicine issued by another state, district or territory of the United States, or Canada;

(d) the primary purpose of the event is the training of others in the practice of medicine; and

(e) neither the patient nor an insurer is billed for the services performed.

HISTORY: C. 1953, **58-67-305**, enacted by L. 1996, ch. 248, § 16; 2000, ch. 85, § 1; 2005, ch. 2, § 273; 2011, ch. 214, § 7; 2012, ch. 267, § 4; 2013, ch. 262, § 34.

NOTES: AMENDMENT NOTES. --The 2011 amendment, effective May 10, 2011, added (9) and made related changes.

The 2012 amendment, effective May 8, 2012, substituted "draw blood pursuant to Subsection 41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), or 72-10-502(5)(a)(vi)" for "withdraw blood to determine the alcohol or drug content pursuant to Section 41-6a-523" in (5).

The 2013 amendment, effective May 14, 2013, substituted "indirect" for "direct and immediate" in the introductory language of (6); added the (6)(a) designation; added (6)(b) through (6)(e); and made a related change.

Utah Code Ann. § 58-60-107

UTAH CODE ANNOTATED

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*** Statutes current through the 2013 2nd Special Session ***

*** Annotations current through September 20, 2013 ***

TITLE 58. OCCUPATIONS AND PROFESSIONS
CHAPTER 60. MENTAL HEALTH PROFESSIONAL PRACTICE ACT
PART 1. GENERAL PROVISIONS

Utah Code Ann. § 58-60-107 (2013)

§ 58-60-107. Exemptions from licensure

(1) Except as modified in Section 58-60-103, the exemptions from licensure in Section 58-1-307 apply to this chapter.

(2) In addition to the exemptions from licensure in Section 58-1-307, the following may engage in acts included

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Prepared by Pilot Healthcare Strategies for the Utah Division of Occupational and Professional Licensing

May 2, 2014

within the definition of practice as a mental health therapist, subject to the stated circumstances and limitations, without being licensed under this chapter:

(a) the following when practicing within the scope of the license held:

(i) a physician and surgeon or osteopathic physician and surgeon licensed under Chapter 67, Utah Medical Practice Act, or Chapter 68, Utah Osteopathic Medical Practice Act;

(ii) an advanced practice registered nurse, specializing in psychiatric mental health nursing, licensed under Chapter 31b, Nurse Practice Act; and

(iii) a psychologist licensed under Chapter 61, Psychologist Licensing Act;

(b) a recognized member of the clergy while functioning in a ministerial capacity as long as the member of the clergy does not represent that the member of the clergy is, or use the title of, a license classification in Subsection 58-60-102(5);

(c) an individual who is offering expert testimony in a proceeding before a court, administrative hearing, deposition upon the order of a court or other body having power to order the deposition, or a proceeding before a master, referee, or alternative dispute resolution provider;

(d) an individual engaged in performing hypnosis who is not licensed under this title in a profession which includes hypnosis in its scope of practice, and who:

(i) (A) induces a hypnotic state in a client for the purpose of increasing motivation or altering lifestyles or habits, such as eating or smoking, through hypnosis;

(B) consults with a client to determine current motivation and behavior patterns;

(C) prepares the client to enter hypnotic states by explaining how hypnosis works and what the client will experience;

(D) tests clients to determine degrees of suggestibility;

(E) applies hypnotic techniques based on interpretation of consultation results and analysis of client's motivation and behavior patterns; and

(F) trains clients in self-hypnosis conditioning;

(ii) may not:

(A) engage in the practice of mental health therapy;

(B) use the title of a license classification in Subsection 58-60-102(5); or

(C) use hypnosis with or treat a medical, psychological, or dental condition defined in generally recognized diagnostic and statistical manuals of medical, psychological, or dental disorders;

(e) an individual's exemption from licensure under Subsection 58-1-307(1)(b) terminates when the student's training is no longer supervised by qualified faculty or staff and the activities are no longer a defined part of the degree program;

(f) an individual holding an earned doctoral degree or master's degree in social work, marriage and family therapy, or clinical mental health counseling, who is employed by an accredited institution of higher education and who conducts research and teaches in that individual's professional field, but only if the individual does not engage in providing or supervising professional services regulated under this chapter to individuals or groups regardless of whether there is compensation for the services;

(g) an individual in an on-the-job training program approved by the division while under the supervision of qualified persons;

(h) an individual providing general education in the subjects of alcohol, drug use, or substance use disorders, including prevention;

(i) an individual providing advice or counsel to another individual in a setting of their association as friends or relatives and in a nonprofessional and noncommercial relationship, if there is no compensation paid for the advice or counsel; and

(j) an individual who is licensed, in good standing, to practice mental health therapy or substance use disorder counseling in a state or territory of the United States outside of Utah may provide short term **transitional mental health therapy** remotely or short term transitional substance use disorder counseling remotely to a client in Utah only if:

(i) the individual is present in the state or territory where the individual is licensed to practice mental health therapy or substance use disorder counseling;

(ii) the client relocates to Utah;

(iii) the client is a client of the individual immediately before the client relocates to Utah;

(iv) the individual provides the short term **transitional mental health therapy** or short term transitional substance use disorder counseling remotely to the client only during the 45 day period beginning on the day on which the client relocates to Utah;

(v) within 10 days after the day on which the client relocates to Utah, the individual provides written notice to the division of the individual's intent to provide short term **transitional mental health therapy** or short term transitional substance use disorder counseling remotely to the client; and

(vi) the individual does not engage in unlawful conduct or unprofessional conduct.

HISTORY: C. 1953, 58-60-107, enacted by L. 1994, ch. 32, § 7; 1996, ch. 184, § 1; 1998, ch. 311, § 1; 1999, ch. 21, § 61; 1999, ch. 81, § 3; 2001, ch. 281, § 2; 2012, ch. 179, § 3; 2013, ch. 16, § 2.

NOTES: AMENDMENT NOTES. --The 2012 amendment, effective July 1, 2012, substituted "clinical mental health counseling" for "professional counseling" in (7); in (9), substituted "alcohol, drug use, or substance use disorders" for "alcohol or drug use or abuse"; and made stylistic changes.

The 2013 amendment, effective May 14, 2013, added (2)(j), redesignated subsections throughout, and made related changes.

Rev. Code Wash. (ARCW) § 18.71.030

ANNOTATED REVISED CODE OF WASHINGTON
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*** Statutes current through 2013 3rd special session ***

TITLE 18. BUSINESSES AND PROFESSIONS
CHAPTER 18.71. PHYSICIANS

Rev. Code Wash. (ARCW) § 18.71.030 (2013)

§ 18.71.030. Exemptions

Nothing in this chapter shall be construed to apply to or interfere in any way with the practice of religion or any kind of treatment by prayer; nor shall anything in this chapter be construed to prohibit:

- (1) The furnishing of medical assistance in cases of emergency requiring immediate attention;
- (2) The domestic administration of family remedies;
- (3) The administration of oral medication of any nature to students by public school district employees or private elementary or secondary school employees as provided for in chapter 28A.210 RCW;
- (4) The practice of dentistry, osteopathic medicine and surgery, nursing, chiropractic, podiatric medicine and surgery, optometry, naturopathy, or any other healing art licensed under the methods or means permitted by such license;
- (5) The practice of medicine in this state by any commissioned medical officer serving in the armed forces of the United States or public health service or any medical officer on duty with the United States veterans administration while such medical officer is engaged in the performance of the duties prescribed for him or her by the laws and regulations of the United States;
- (6) The practice of medicine by any practitioner licensed by another state or territory in which he or she resides, provided that such practitioner shall not open an office or appoint a place of meeting patients or receiving calls within this state;

(7) The practice of medicine by a person who is a regular student in a school of medicine approved and accredited by the commission, however, the performance of such services be only pursuant to a regular course of instruction or assignments from his or her instructor, or that such services are performed only under the supervision and control of a person licensed pursuant to this chapter;

(8) The practice of medicine by a person serving a period of postgraduate medical training in a program of clinical medical training sponsored by a college or university in this state or by a hospital accredited in this state, however, the performance of such services shall be only pursuant to his or her duties as a trainee;

(9) The practice of medicine by a person who is regularly enrolled in a physician assistant program approved by the commission, however, the performance of such services shall be only pursuant to a regular course of instruction in said program and such services are performed only under the supervision and control of a person licensed pursuant to this chapter;

(10) The practice of medicine by a licensed physician assistant which practice is performed under the supervision and control of a physician licensed pursuant to this chapter;

(11) The practice of medicine, in any part of this state which shares a common border with Canada and which is surrounded on three sides by water, by a physician licensed to practice medicine and surgery in Canada or any province or territory thereof;

(12) The administration of nondental anesthesia by a dentist who has completed a residency in anesthesiology at a school of medicine approved by the commission, however, a dentist allowed to administer nondental anesthesia shall do so only under authorization of the patient's attending surgeon, obstetrician, or psychiatrist, and the commission has jurisdiction to discipline a dentist practicing under this exemption and enjoin or suspend such dentist from the practice of nondental anesthesia according to this chapter and chapter 18.130 RCW;

(13) Emergency lifesaving service rendered by a physician's trained emergency medical service intermediate life support technician and paramedic, as defined in RCW 18.71.200, if the emergency lifesaving service is rendered under the responsible supervision and control of a licensed physician;

(14) The provision of clean, intermittent bladder catheterization for students by public school district employees or private school employees as provided for in RCW 18.79.290 and 28A.210.280.

HISTORY: 1996 c 178 § 4; 1995 c 65 § 1; 1994 sp.s. c 9 § 306. Prior: 1990 c 196 § 12; 1990 c 33 § 552; 1988 c 48 § 4; 1986 c 259 § 108; 1983 c 2 § 1; prior: 1982 c 195 § 3; 1982 c 51 § 1; 1975 1st ex.s. c 171 § 5; 1973 1st ex.s. c 110 § 1; 1961 c 284 § 4; 1919 c 134 § 12; 1909 c 192 § 19; RRS § 10024.

NOTES: EFFECTIVE DATE -- 1996 C 178: See note following RCW 18.35.110.

SEVERABILITY -- HEADINGS AND CAPTIONS NOT LAW -- EFFECTIVE DATE -- 1994 SP.S. C 9: See RCW 18.79.900 through 18.79.902.

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Prepared by Pilot Healthcare Strategies for the Utah Division of Occupational and Professional Licensing

May 2, 2014

PURPOSE -- STATUTORY REFERENCES -- SEVERABILITY -- 1990 C 33: See RCW 28A.900.100 through 28A.900.102.

SEVERABILITY -- 1986 C 259: See note following RCW 18.130.010.

SEVERABILITY -- 1983 C 2: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1983 c 2 § 21.]

SEVERABILITY -- 1982 C 195: See note following RCW 28A.210.260.

W. Va. Code § 30-3-13

Michie's TM West Virginia Code
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*** Text Current Through The 2013 Regular And First Extraordinary Sessions ***
*** Annotations Current Through February 1, 2014 ***

Chapter 30. Professions and Occupations.
Article 3. West Virginia Medical Practice Act.

W. Va. Code § 30-3-13 (2014)

§ 30-3-13. Unauthorized practice of medicine and surgery or podiatry; criminal penalties; limitations.

(a) A person may not engage in the practice of medicine and surgery or podiatry, hold himself or herself out as qualified to practice medicine and surgery or podiatry or use any title, word or abbreviation to indicate to or induce others to believe that he or she is licensed to practice medicine and surgery or podiatry in this State unless he or she is actually licensed under the provisions of this article. A person engaged in the practice of **telemedicine** is considered to be engaged in the practice of medicine within this State and is subject to the licensure requirements of this article. As used in this section, the term "practice of **telemedicine**" means the use of electronic information and communication technologies to provide health care when distance separates participants and includes one or both of the following: (1) The diagnosis of a patient within this State by a physician located outside this State as a result of the transmission of individual patient data, specimens or other material by electronic or other means from within this State to the physician or his or her agent; or (2) the rendering of treatment to a patient within this State by a physician located outside this State as a result of transmission of individual patient data, specimens or other material by electronic or other means from within this State to the physician or his or her agent. No person may practice as a physician assistant, hold himself or herself out as qualified to practice as a physician assistant or use any title, word or abbreviation to indicate to or induce others to believe that he or she is licensed to practice as a physician assistant in this State unless he or she is actually licensed under the provisions of this article.

(b) Any person who intentionally practices, or holds himself or herself out as qualified to practice, or uses any title, word or abbreviation to indicate to or induce others to believe he or she is licensed to practice a health care profession licensed under this article with a license classified by the board as expired, lapsed or terminated, for

any period of time up to ninety days, is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than \$ 5,000 or confined in jail not more than twelve months, or both fined and confined.

(c) Any person who intentionally practices, or holds himself or herself out as qualified to practice, or uses any title, word or abbreviation to indicate to or induce others to believe he or she is licensed to practice as a physician, podiatrist or physician assistant without obtaining an active, valid West Virginia license to practice that profession or with a license that is: (1) Expired, terminated or lapsed, for over ninety days; or (2) inactive, revoked, suspended or surrendered, is guilty of a felony and, upon conviction thereof, shall be fined not more than \$ 10,000 or imprisoned in a state correctional facility for not less than one year nor more than five years, or both fined and imprisoned.

(d) The provisions of this section do not apply to:

(1) Persons who are duly licensed health care providers under other pertinent provisions of this code and are acting within the scope of their license;

(2) Physicians or podiatrists licensed in other states or foreign countries who are acting in a consulting capacity with physicians or podiatrists duly licensed in this State for a period of not more than three months: Provided, That this exemption is applicable on a one-time only basis;

(3) An individual physician or podiatrist, or physician or podiatrist groups, or physicians or podiatrists at a tertiary care or university hospital outside this State and engaged in the practice of **telemedicine** who consult or render second opinions concerning diagnosis or treatment of patients within this State: (i) In an emergency or without compensation or expectation of compensation; or (ii) on an irregular or infrequent basis which occurs less than once a month or less than twelve times in a calendar year;

(4) Persons holding licenses granted by another state or foreign country who are commissioned medical officers of, a member of or employed by the armed forces of the United States, the United States Public Health Service, the Veterans' Administration of the United States, any federal institution or any other federal agency while engaged in the performance of their official duties;

(5) Any person providing first-aid care in emergency situations;

(6) The practice of the religious tenets of any recognized church in the administration of assistance to the sick or suffering by mental or spiritual means;

(7) Visiting medical faculty engaged in teaching or research duties at a medical school or institution recognized by the board and who are in this State for periods of not more than six months: Provided, That the

individuals do not otherwise engage in the practice of medicine or podiatry outside of the auspices of their sponsoring institutions;

(8) Persons enrolled in a school of medicine approved by the liaison committee on medical education or by the board, or persons enrolled in a school of podiatric medicine approved by the council of podiatry education or by the board, or persons enrolled in an undergraduate or graduate physician assistant program approved by the committee on allied health education and accreditation or its successor on behalf of the American Medical Association or by the board, or persons engaged in graduate medical training in a program approved by the liaison committee on graduate medical education or the board, or engaged in graduate podiatric training in a program approved by the council on podiatric medical education or by the board, who are performing functions in the course of training including with respect to functions performed by medical residents or medical students under the supervision of a licensed physician, ordering and obtaining laboratory tests, medications and other patient orders by computer or other electronic means and no other provision of this code to the contrary may be construed to prohibit or limit medical residents' or medical students' use of computers or other electronic devices in this manner;

(9) The fitting, recommending or sale of corrective shoes, arch supports or similar mechanical appliances in commercial establishments; and

(10) The fitting or sale of a prosthetic or orthotic device not involving any surgical procedure, in accord with a prescription of a physician, osteopathic physician or where chiropractors or podiatrists are authorized by law to prescribe such a prosthetic or orthotic device, in accord with a prescription of a chiropractor or podiatrist, by a practitioner certified in the provision of custom orthotic and prosthetic devices, respectively, by a nationally recognized credentialing body for orthotics and prosthetics that is accredited by the National Commission for Certifying Agencies (NCCA): Provided, That the sale of any prosthetic or orthotic device by a partnership, proprietorship or corporation which employs such a practitioner or registered technician who fitted the prosthetic or orthotic device shall not constitute the unauthorized practice of medicine: Provided, however, That the practitioner or registered technician may, without a prescription, make recommendation solely to a physician or osteopathic physician or to a chiropractor or podiatrist otherwise authorized by law to prescribe a particular prosthetic or orthotic device regarding any prosthetic or orthotic device to be used for a patient upon a request for such recommendation.

(e) This section may not be construed as being in any way a limitation upon the services of a physician assistant performed in accordance with the provisions of this article.

(f) Persons covered under this article may be permitted to utilize electronic signature or unique electronic identification to effectively sign materials, transmitted by computer or other electronic means, upon which signature is required for the purpose of authorized medical practice. Such signatures are deemed legal and valid

for purposes related to the provision of medical services. This subsection does not confer any new practice privilege or right on any persons covered under this article.

HISTORY: 1980, c. 83; 1984, c. 140; 1994, c. 127; 1999, c. 210; 2000, c. 196; 2009, c. 170.

WCWR 024-052-001

CODE OF WYOMING RULES
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AGENCY 024. DEPARTMENT OF ADMINISTRATION AND INFORMATION
SUB-AGENCY 052. BOARD OF MEDICINE
CHAPTERS 001. - 003. RULES AND REGULATIONS
CHAPTER 1. LICENSE ELIGIBILITY, APPLICATION AND INTERVIEWS

WCWR 024-052-001 (2014)

CHAPTER 1. LICENSE ELIGIBILITY, APPLICATION AND INTERVIEWS

Section 1. Authority.

These rules are promulgated pursuant to authority granted by W.S. 33-26-202(b) (v) and W.S. 16-3-101 et seq., the Wyoming Administrative Procedure Act ("APA").

Section 2. Purpose.

The rules in this chapter are adopted to establish procedures to determine eligibility, set requirements for license applications, establish procedures and requirements for temporary, training and inactive licensure and license renewal and establish procedures and criteria for interviews of license applicants.

Section 3. Definitions.

The definitions contained in W.S. 33-26-102 and those contained in the APA are incorporated herein by this reference. In addition, the following definitions apply to this chapter:

(a) "Act" means the Wyoming Medical Practice Act, W.S. 33-26-101 et seq.

(b) "A.O.A" means the American Osteopathic Association;

(c) "Applicant" means a person who has fully completed and submitted an application to the board.

(d) "Application" means a written submission to the board on a form approved by the board, and any accompanying documents.

(e) "Attending Physician" means a physician licensed by the Board who has established a physician/patient relationship as described in Chapter 1, Section 3(m) below;

(f) "Consults" means an ongoing, documented consultative relationship including at least one Wyoming licensed, attending physician.

(g) Deleted.

(h) "Health care entity" means any hospital, clinic, training program, professional society or committee of physicians or other licensed health care practitioners that follows a peer review process for the purpose of furthering quality health care;

(i) "Impaired" means a person who is unable to practice medicine with reasonable skill and safety to patients by reason of one or more of the following:

(i) Medical or professional incompetence;

(ii) Mental illness;

(iii) Physical illness, including but not limited to deterioration through the aging process or loss of motor skills;

(iv) Chemical, alcohol or substance impairment.

(j) "Licensure interview" means an interview before a panel of not fewer than three (3) members of the board with an applicant who meets one or more of the criteria set forth in Chapter 1, Section 5(b)(iv) of these Rules.

(k) "Interview date" means the day designated by the board for the licensure interview.

(l) "Lapsed" means the status of a license when the licensee fails to renew the license by the date and time set forth in Chapter 1, Section 10 of these Rules or when the holder of a temporary license fails to appear for an interview at the next board meeting following the date of issuance or fails to submit a written request for

extension of a temporary license or when a written request for extension is not approved by the board. A lapsed license may be reactivated pursuant to Chapter 1, Section 12 of these Rules, as applicable. A lapsed license is not subject to reinstatement pursuant to W.S. 33-26-406.

(m) "Physician/patient relationship" means a relationship between a physician and any person to whom the physician provides any services or exhibits any conduct that falls within the definition of "practicing medicine" set forth below.

(n) "Practicing medicine" means any person who in any manner:

(i) Advertises, holds out or represents to the public that he is authorized to practice medicine in this state;

(ii) Offers or undertakes to prevent, diagnose, correct or treat, in any manner, by any means, method or device, including, but not limited to, the internet or other electronic or telephonic means any human disease, illness, pain, wound, fracture, infirmity, defect or abnormal physical or mental condition, injury, deformity or ailment, including the management of pregnancy and parturition;

(iii) Attaches the title of M.D., D.O., physician, surgeon, osteopathic physician or osteopathic surgeon, doctor, or any other words, letters or abbreviations or any combination thereof when used in the conduct of any occupation or profession pertaining to the prevention, diagnosis or treatment of human disease or condition unless the designation additionally contains the description of another branch of the healing arts for which one holds a valid license in this state;

(iv) Practices osteopathy;

(v) Offers or undertakes to prescribe, orders, give or administer drugs which can only be obtained by prescription according to law;

(vi) Renders a determination of medical necessity or appropriateness of proposed treatment; or

(vii) Operates or delegates the responsibility to operate a medical device classified as a Class II or Class III medical device by the U.S. Food and Drug Administration unless operation or authorization for operation occurs in a site under the supervision of a person licensed under this chapter.

(vii) "Practicing medicine" does not apply to:

(A) Licensed health care providers rendering medical assistance without compensation during an emergency, including, but not limited to, physician assistants who may render aid at the scene of an emergency without

physician supervision;

(B) Medical students trained in an L.C.M.E. or A.O.A. accredited or board approved school of medicine, or who are E.C.F.M.G. certified, serving as clinical clerks, residents, fellows or interns under the supervision of a physician licensed in this state;

(C) Commissioned medical officers of the United States armed services and medical officers of the United States public health services or the veterans' administration of the United States in the discharge of their official duties or within federally controlled facilities or enclaves, provided that such persons who are licensees of the board shall be subject to the provisions of the act and further provided that all such persons shall be the holder of a full and unrestricted license to practice medicine in one or more jurisdictions in the United States;

(D) Any individual residing in and licensed to practice medicine in another state or country called into this state for consultation by a physician licensed to practice medicine in this state;

(E) Any individual licensed to practice medicine in another state that comes to this state to remove human organs from brain dead persons;

(F) The treatment of disease, injury, deformity or ailments by prayer or spiritual means provided that federal and state health and sanitation laws, rules and regulations are not violated;

(G) The gratuitous domestic administration of family remedies;

(H) Health care providers licensed under any other chapter of this title engaged in the practice of the profession for which he is licensed;

(o) "Reactivation" means the procedures set forth in Chapter 1, Sections 11 and 12 of these Rules to restore an emeritus, inactive or lapsed license to active status;

(p) "Sexual misconduct" means:

(i) Any behavior by a licensee, which involves offers of exchange of medical services for some form of sexual gratification;

(ii) Sexual contact that occurs concurrent with the physician-patient relationship; or

(iii) Any behavior by a licensee toward a patient, former patient, another licensee, an employee of a health care facility, an employee of the licensee or a relative or guardian of a patient that exploits the position of trust,

knowledge, emotions or influence of the licensee.

(q) "Active practice of medicine" means the practice of medicine and provision of clinical care for an average of not less than twenty (20) hours per week in any consecutive twelve (12) month period.

(r) "Board" means the board of medicine of the state of Wyoming and its duly authorized agents, representatives and employees.

(s) "Board officers" means the president, vice president and secretary of the board of medicine.

(t) "COMLEX" means the comprehensive osteopathic medical licensing examination, or any other licensing examination, administered by the national board of osteopathic medical examiners.

(u) "E.C.F.M.G." means the educational commission for foreign medical graduates.

(v) "Clean application" means that the physician applicant has none of the following:

(i) Professional liability insurance settlement(s) or payment(s) in excess of \$ 50,000 individually or \$ 100,000 in the aggregate;

(ii) Criminal record;

(iii) Medical condition(s) which could affect the physician's ability to practice safely;

(iv) Licensing or regulatory board complaint(s), investigation(s), or action(s) (including withdrawal of a licensure application);

(v) Adverse action taken by a health care entity;

(vi) Investigation(s) or action(s) taken by a federal agency, the United States military, medical society or association; or,

(vii) Suspension or expulsion from, or disciplinary action in, any academic program, including medical school, residency program or fellowship program.

(w) "Core application documents" means the following:

(i) The required application form(s) and appropriate fee(s);

(ii) Form and supporting document(s) demonstrating proof of legal presence in the U.S. pursuant to 8 U.S.C. § 1601, et seq.;

(iii) Federation of State Medical Boards (FSMB) Board Action Databank report; and,

(iv) National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports.

(x) Reserved.

(y) "R.C.P.S.C." means the Royal College of Physicians and Surgeons of Canada.

Section 4. Eligibility for Licensure.

(a) General requirements.

(i) Form. To be eligible for consideration for licensure, an applicant shall submit an application on the form or forms supplied or approved in advance by the board.

(ii) Payment of fee. Any application, to be eligible for consideration, shall be accompanied by the required fee in immediately negotiable funds.

(iii) Completeness. For an application to be considered complete, all documents, reports and related materials must be received in the board's office and meet all requirements set forth in the Act and the rules adopted by the board.

(iv) References. References shall be submitted on a form approved, and contain information as specified, by the board.

(A) Three (3) original references from physicians are required including at least two (2) from physicians with whom the applicant has practiced medicine within the past three (3) years. In exceptional circumstances the board may waive one (1) or more of the required reference letters. References from physicians with whom the applicant has a current or prospective financial, business or family relationship are not acceptable.

(B) All references shall be on a form prescribed by the board, dated within six (6) months of the application date and signed by the referring physician.

(C) If a submitted reference is incomplete or otherwise fails to provide sufficient information about the applicant, an applicant may be required to submit one or more references in addition to those required in subparagraph (A).

(v) Time of submission. An application, to be considered, shall be complete in all respects no later than fifteen (15) business days prior to the licensure interview date, should a licensure interview be required by these rules.

(vi) Notification of ineligibility. The board shall issue a written notice of ineligibility to any applicant who does not meet the eligibility requirements, or has otherwise failed to submit an application which meets the requirements, of the act or these rules.

(vii) Applications shall remain on active status for six (6) calendar months from the date the application document is received in the board office. The applicant is eligible for a licensure interview with the board, if one is required by these rules, at any time within the six (6) month period following the date the application is complete pursuant to Ch. 1, Section 4(a)(iii) of these rules.

(viii) Proof of legal presence. Pursuant to 8 U.S.C. 1621, any applicant for licensure as a physician or physician assistant shall verify his or her lawful presence in the United States on a form approved or prescribed by the board.

(ix) Social Security number. Any applicant for licensure or renewal of licensure as a physician or physician assistant shall, pursuant to W.S. 33-1-114, provide his or her Social Security number as part of any application for licensure.

(b) Statutory requirements. To be eligible for consideration for licensure, an applicant shall demonstrate in his or her application that he or she meets each and all of the requirements of the act including, but not limited to, those requirements set forth in W.S. 33-26-303, and these rules.

(c) Credentials service required. An applicant who graduated from a school of medicine not accredited by the LCME or AOA shall apply only through the Federation of State Medical Boards Credentials Verification Service (FCVS) and supply additional information as requested by the Board. All applicants whose applications are received by the Board on or after October 1, 2009, shall apply only through the Federation of State Medical Boards Credentials Verification Service and supply additional information as requested by the Board.

(d) A person who has pled guilty or nolo contendere to or has been convicted of a felony or any crime that is a felony under Wyoming law in any state or federal court or in any court of similar jurisdiction in another country may apply for licensure, however, the board may deny licensure based solely upon such plea or conviction.

(e) No exemption from licensure for out-of-state physicians. Any physician rendering medical diagnosis and/or treatment to a person physically present in this state must have a license issued by the board when such diagnosis/treatment is rendered, regardless of the physician's location and regardless of the means by which such diagnosis/treatment is rendered. This requirement shall not apply to an out-of-state physician who consults by telephone, electronic or any other means with an attending physician licensed by this board or to an out-of-state physician who is specifically exempt from licensure pursuant to W.S. 33-26-103.

(f) A person whose medical license has been revoked, suspended, restricted, had conditions placed on it or been voluntarily or involuntarily relinquished or surrendered, by or to another state medical or licensing board, or has a disciplinary action pending before another state medical or licensed board, may apply for licensure provided, however, the board may deny licensure based upon the revocation, suspension, restrictions, conditions, relinquishment, surrender of license or pending disciplinary action alone.

(g) A person whose clinical privileges at a health care facility have been revoked, suspended, restricted, had conditions placed upon them or been voluntarily or involuntarily resigned, or against whom a clinical privilege action is pending at a health care facility, may apply for licensure provided, however, the board may deny licensure based upon the revocation, suspension, restrictions, conditions, resignation of privileges or pending clinical privilege action alone.

(h) All applicants for licensure whose applications are received on or after July 1, 2009, and who have taken the USMLE or COMLEX, shall have completed all three parts of the examination in a period of not more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program), and shall have taken the three parts of the examination a total of not more than seven times. Persons who have taken the three parts of the examination more than a total of seven times or who have taken more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program) to pass all three parts of the examination shall not be eligible for licensure unless and until they successfully complete either one (1) year of post graduate training in addition to that required in W.S. 33-26-303(a)(iv), or one (1) or more other comprehensive and suitably-rigorous assessment, training and evaluation programs after passage of all parts of the examination.

(i) Reserved.

(j) Postgraduate (Residency) Training. All applicants for licensure other than a training license must demonstrate one (1) or more of the following:

(A) Successful completion of not less than two (2) years of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program; or,

(B) Successful completion of not less than one (1) year of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program and:

(1) Current certification by a medical specialty board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists and Boards of Certification; or

(2) Continuous full and unrestricted medical licensure in good standing in one or more states and/or the District of Columbia for the preceding five (5) years.

Section 5. Licensure.

Pursuant to statute, the board may issue the following:

(a) Licenses to practice medicine.

(i) A license to practice medicine, subject to annual renewal.

(ii) A temporary license to practice medicine pursuant to W.S. 33-26-304(a).

(iii) A restricted or conditional license to practice medicine.

(iv) An inactive license. Inactive licenses are available for Wyoming residents who do not intend to practice medicine, write prescriptions or engage in clinical activity. The Board may grant an inactive license to practice medicine if, in addition to meeting all eligibility requirements of W.S. 33-26-303, the applicant files a verified affidavit with the board attesting that: (1) he/she shall not see patients or perform procedures in a clinical or office setting for any type of remuneration, (2) he/she shall not in any way hold himself/herself out as actively engaged in the active practice of medicine, and (3) he/she shall submit written confirmation to the board on an annual basis confirming that such inactive status is ongoing. An inactive license exempts the licensee from continuing medical education requirements described in Chapter 3, Sec. 7 of these rules. A holder of an inactive license may not prescribe medications. Licensees claiming inactive status who receive remuneration for providing clinical services, or who prescribe any medication, may be subject to discipline pursuant to W.S. 33-26-402(a)(xxvii).

(v) An emeritus license. Emeritus licenses are available for retired physicians who hold a current Wyoming license to practice medicine, reside in Wyoming, and wish to provide clinical care in Wyoming without remuneration. Such license may issue to an applicant who provides proof that he/she is retired from the active practice of medicine, provides proof that he/she has maintained a license in good standing in Wyoming or another jurisdiction of the United States or Canada for a period of not less than ten (10) years prior to applying

for the emeritus license, and signs a notarized statement he/she will not accept any form of remuneration for medical services rendered in Wyoming while in the possession of an emeritus license. As part of the application process, an applicant for an emeritus medical license who does not hold a current Wyoming license shall complete all requirements for issuance of a Wyoming medical license set forth in W.S. 33-26-303. If a licensure interview is required pursuant to subsection (b) of this rule, such interview may be conducted by one (1) board member and, if deemed appropriate by the board officers, may be conducted by telephonic means.

(A) Physicians possessing an emeritus medical license shall:

(I) Annually sign an affidavit affirming that their medical practice continues to be without remuneration; and

(II) Even though physicians holding an emeritus license are not engaged in active clinical practice, the Board expects that they will engage in life-long learning activities to maintain a base of medical knowledge and skills. Therefore, the requirements for continuing medical education noted in Ch. 3, sec. 7 of these rules apply to emeritus licenses. Continuing medical education may also be satisfied by documented emeritus clinical service in a non-profit health care facility, such clinical service to be credited at one (1) hour of continuing medical education credit for every five (5) hours of clinical service, up to a maximum of ten (10) hours of continuing medical education credit per calendar year.

(B) The board shall require no fees for the application for, or renewal of, an emeritus medical license.

(vi) Training license. A medical training license issued pursuant to W.S. 33-26-304(c) to an applicant who meets all of the requirements of such statute and these rules.

(A) First-year training license ("T-1"). An applicant who is in the first year of enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state may be issued a first-year training license ("T-1" license). The holder of a T-1 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e. "moonlight"). The holder of a T-1 license may not independently prescribe any legend drugs or medications, and may only prescribe legend drugs or medications with the co-signature of a physician holding an active license in good standing in this state. The prohibition on prescribing does not apply to orders written under the supervision of a licensed attending physician for patients receiving inpatient care. The T-1 license expires on June 30th of each year, and may not be renewed.

(B) Second-year training license ("T-2"). An applicant who has successfully completed not less than one (1) year in an A.C.G.M.E. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident may be issued a second-year training license ("T-2" license). The holder of a T-2 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e., "moonlight") except as specified in

paragraph (H) below. The holder of a T-2 license may independently prescribe legend drugs and medications, subject to all applicable laws and regulations. The T-2 license expires on June 30th of each year, and may be renewed only one (1) time upon applicant's successful completion of the second year of the residency program. If the applicant meets all requirements for issuance of a regular medical license under W.S. 33-26-301(b)(i) and W.S. 33-26-303, the T-2 license may not be renewed.

(C) To qualify for a training license (T-1 or T-2), an applicant must submit the following:

I. Evidence that the applicant has graduated from a school of medicine accredited by the L.C.M.E., a school of osteopathy accredited by the A.O.A., or a Canadian-accredited school of medicine, or that the applicant has been certified by the E.C.F.M.G.;

II. Evidence that the applicant has passed steps one (1) and two (2) of the U.S.M.L.E. or the COMLEX with a two-digit score of not less than 75 on each part;

III. A copy of the applicant's signed contract then in force with an A.C.G.M.E., or A.O.A. accredited residency program located in this state (copy of the contract must be submitted with the application);

IV. A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

V. A completed application on a form provided or approved by the Board; and,

VI. The requisite fee(s) in accordance with this chapter.

(D) Applicants for a second-year (T-2) training license shall be subject to these additional requirements:

I. The applicant will use the Federation Credentials Verification Service and have his or her packet submitted to the board at the applicant's expense;

II. The board shall query the National Practitioner Data Bank, Healthcare Integrity and Protection Data Bank, and Federation of State Medical Boards' board action data bank regarding the applicant; and,

III. The applicant will submit documentation that he or she has successfully completed not less than one (1) year in an A.C.G.M.E. or A.O.A. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident.

(E) When the application for a training license is complete, the Board's executive director shall review the

application, and may take the following action:

I. Issue the training license; or

II. Refer the application to the board officers for review. The board officers may issue the training license, issue the training license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for the training license. If the board officers deny the training license, the applicant may appeal that decision to the full board, which shall review the application de novo, and which may require the applicant and/or the director of the residency program to appear for an interview. The board may issue the training license, issue the training license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for a training license. If the board denies the application, it shall issue an order to that effect, which shall be appealable to the district court pursuant to the Act and these RULES AND REGULATIONS.

(F) Renewal of T-2 license. To renew a T-2 license, the applicant must provide documentation of the following:

I. Successful completion of the second year of an A.C.G.M.E. or A.O.A. accredited residency program;

II. A copy of the applicant's signed contract then in force with an A.C.G.M.E. or A.O.A. accredited residency program located in this state (copy of the contract must be submitted with the renewal application);

III. A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

IV. A completed renewal application on a form provided or approved by the Board; and,

V. The requisite fee(s) in accordance with this chapter.

(G) Automatic termination of training license. Issuance of a training license is subject to the applicant's current enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state. If for any reason the holder of a training license resigns or is dismissed from, or otherwise is no longer currently enrolled in, an A.C.G.M.E. or A.O.A. accredited residency program located in this state, the training license shall immediately expire and be deemed automatically terminated without additional action by the Board.

(H) A holder of a T-2 license may practice medicine outside of the duties assigned as part of the residency program in which he or she is enrolled (i.e., "moonlight") only if these following conditions are met:

I. The holder of the T-2 license has passed Step 3 of the USMLE or COMLEX with a two-digit score of not less

than 75;

II. The holder of the T-2 license receives advance written approval from the residency program director for his or her proposed "moonlighting"; and,

III. The residency program director notifies the Board in advance and in writing of the approved "moonlighting" arrangement.

(vii) Volunteer license. The board may issue a license to a physician who is in good standing in at least one (1) jurisdiction other than the state of Wyoming for the purpose of providing medical treatment as a volunteer, without compensation. An applicant for a volunteer license must complete and submit a form and documentation prescribed by the board, meet the requirements of W.S. 33-26-303, agree to comply with the Act and these rules, agree to be subject to the jurisdiction of the board, provide proof of licensure in good standing in at least one (1) jurisdiction other than the state of Wyoming, and pay the fee set by the board. A licensure interview is not required for issuance of a volunteer license. A volunteer license shall be valid for not more than twenty-one (21) consecutive days in any calendar year, and may not be renewed.

(viii) Administrative medicine license. The board may issue an administrative medicine license to a physician who meets all qualifications for licensure in the state, including payment of a fee set by the board, but who does not intend to provide medical or clinical services to or for patients while in possession of an administrative medicine license and signs a notarized statement to that effect. An administrative medicine license is subject to annual renewal.

(b) Licensure Application Processing, Review and Interviews.

(i) When an applicant's core application documents have been received by the Board and are deemed to be satisfactory, the executive director or his designee will review the application and supporting materials to determine whether a licensure interview of the applicant will be required pursuant to this rule. If the executive director or his designee determines that the applicant will not, in all likelihood, be required to have a licensure interview pursuant to this chapter, the applicant has been continually licensed in good standing (not including training licenses) for the preceding three (3) years in one or more states and/or the District of Columbia ; and the applicant has a clean application as defined in this chapter, the executive director may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules, including the requirement for a complete application set forth therein.

(ii) If an applicant is not issued a temporary license pursuant to paragraph (b)(i) of this rule, when the application is deemed complete pursuant to Section 4 of this chapter, the executive director or his designee shall review the application and supporting materials to determine whether a licensure interview of the applicant will

be required pursuant to this rule. If the executive director or his designee determines that the applicant will not, in all likelihood, be required to have a licensure interview, the executive director may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules. If the executive director or his designee is unable to make the determination, pursuant to paragraph (b)(i) of this section, that an applicant will not, in all likelihood, be required to have a licensure interview, the applicant's file shall be presented to the board officers for their review. The board officers may take one (1) of the following actions:

(A) If a majority of the board officers agree, they may:

(1) Issue a temporary license to the applicant, pursuant to Chapter 1, Section 6 of these rules;

(2) Issue a temporary license to the applicant, pursuant to Chapter 1, Section 6 of these rules, subject to the requirement that the applicant appear for a licensure interview;

(3) Defer action on the application until the applicant appears for a licensure interview.

(B) If a majority of the board officers are unable to agree on one of the options in subparagraph (A), above, then action on the application will be deferred until the applicant appears for a licensure interview.

(iii) A summary of each applicant's licensure file and application will be sent to all members of the Board prior to the next regularly-scheduled board meeting, and any board member may request that the applicant appear for a licensure interview.

(iv) Licensure interviews. If an application or any information received by the Board demonstrates that an applicant is of a status or possesses one or more of the following characteristics, or if any Board member believes a licensure interview is necessary given the information contained on the application, the applicant may be required to submit to a licensure interview before a panel of not less than three (3) board members:

(A) Is seventy (70) years old or older;

(B) Has been licensed as a physician for more than thirty-five (35) years;

(C) Has been named as a responsible party in a professional liability suit;

(D) Has answered "Yes" to one or more questions on the application form regarding physical or mental impairment, substance or alcohol abuse, criminal convictions, prior disciplinary actions, restrictions or conditions on medical licensure, including relinquishment or surrender of a medical license, or restriction,

suspension, or resignation while under investigation, of hospital privileges;

(E) The application or other information acquired or received by the board appears to indicate that the applicant may not possess sufficient medical training and experience appropriate for the applicant's intended practice in this state;

(F) The applicant's education and/or training verification documents indicate an unexplained delay in completion of his or her medical education and/or postgraduate training;

(G) The applicant's verification documents indicate more than one attempt at passage of any examination necessary to obtain initial licensure or to maintain ongoing licensure;

(H) The applicant's verification documents indicate failure to pass board specialty recertification examinations;

(I) One or more board member(s) determine that there are issues raised by the application and/or any supporting or verification documents that should be addressed and ruled on by a panel of board members;

(J) Whose temporary license was deferred by the board officers;

(K) The applicant has not previously engaged in the active practice of medicine for a period of at least twelve (12) continuous months;

(L) The applicant has been convicted of or pled guilty or nolo contendere to a charge of driving while under the influence of an intoxicant within five (5) years of the date of his/her application;

(M) The applicant has not been engaged in the active practice of medicine in the immediately-preceding two (2) year period;

(N) Failure to fully and completely answer one or more questions on the application form or failing to answer one or more questions truthfully; or,

(O) The applicant's post graduate work and/or employment history indicate an unexplained gap.

(v) Licensure interviews shall be conducted in person (unless otherwise specifically permitted by these rules) and shall consist of oral questions by the panel of board members and oral responses by the applicant. By his or her responses to questions posed in the licensure interview, the applicant must demonstrate to the satisfaction of a majority of the board that he or she is qualified to practice medicine in this state, that (1) he or she possesses a minimum fund of general and identified scope of practice medical knowledge appropriate for the applicant's

intended practice in this state, (2) he or she possesses sufficient medical training and medical experience appropriate for the applicant's intended practice in this state, (3) he or she possesses personal and professional character and integrity befitting the practice of medicine, and (4) that there are no other factors contained in the application or disclosed in the licensure interview that would demonstrate that the applicant would be unable to practice medicine in a safe and competent manner.

(vi) Following a licensure interview, the board, shall, by a recorded vote of the board members present:

(A) Grant a license;

(B) Deny the application upon stated reasons;

(C) Allow the applicant to withdraw the application;

(D) Agree in writing signed by the applicant, to the issuance of a license subject to restrictions and/or conditions; or

(E) Defer action pending successful completion by the applicant of a medical competence examination such as the special purpose examination (SPEX) and/or such other examination, review, evaluation or course of study designated by the board and/or the board's receipt, review and approval of other information requested during the interview.

(vii) If an applicant does not have a licensure interview, a full unrestricted license may be issued to the applicant only upon a majority vote of the board. The board may conduct this vote by voice vote, and may do so using a consent list showing applicants for approval.

(viii) Failure to appear for a licensure interview, regardless of whether a temporary license was issued to the applicant, may result in denial by the board of the application for licensure pursuant to W.S. 33-26-202(b)(i).

Section 6. Temporary License.

(a) Temporary license to practice medicine means a license to practice medicine for a limited duration issued pursuant to Ch. 1, Section 5(b) of these rules after application, verification and review for eligibility by the board. A temporary license is effective from the date of issuance until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the next regularly-scheduled board meeting. Temporary licenses issued less than fifteen (15) business days prior to the next regularly-scheduled board meeting will be valid until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the second regularly-scheduled board meeting after issuance.

(b) Upon written request received from the holder of a temporary license not less than seven (7) days before expiration of the temporary license the executive director may extend a temporary license for an additional term no longer than the later of a vote of board members on the application pursuant to these rules, or the date of the next regularly-scheduled board meeting after extension of the temporary license. The holder of a temporary license may request no more than one (1) extension of the temporary license under this subsection.

(c) If upon review of the application of a person who is granted a temporary license under Section 5(b)(i) or 5(b)(ii)(A)(1) of this chapter one or more board members request that the holder of the temporary license appear for a licensure interview, the executive director may extend the temporary license held by that person until 8:00 a.m. on the first day of the second regularly-scheduled board meeting after issuance of the temporary license.

(d) All applicants who are granted a temporary license under Section 5(b)(i) of this chapter are required to submit all documentation and materials necessary to ensure that their license application is complete in accordance with Section 4 of this chapter. Failure to have a complete license application within 180 days of issuance of a temporary license may result in denial by the board of the application for licensure pursuant to W.S. 33-26-202(b)(i).

Section 7. Exemption from Licensure.

(a) Consultants. Physicians residing in and currently licensed in good standing to practice medicine in another state or country brought into this state for consultation by a physician licensed to practice medicine in this state may practice medicine without first obtaining a Wyoming license for a total of not more than twelve (12) days in any fifty-two (52) week period and, therefore, are exempt from the licensure requirements of these rules and W.S. 33-26-103(a)(iv). Consults of longer duration or greater frequency require written advance approval of a majority of the Board officers. To qualify a consulting physician for the exemption from licensure, the physician licensed to practice medicine in this state shall notify the board, on a form published or approved by the Board, of the consultation in advance of the consulting physician practicing medicine in this state. For purposes of this subsection, the term "brought into this state" means having patient contact and establishing a physician-patient relationship, either by the physician's physical presence with the patient or through **telemedicine**.

(b) Physicians in training. The term "medical students" in W.S. 33-26-103 (a)(ii) includes physicians trained in an LCME or AOA accredited or board approved school of medicine, or certified by the E.C.F.M.G., who are participating or serving in a program of clinical clerkship, internship, externship, residency or fellowship training under the supervision of a physician licensed by the Board. "Medical students" are exempt from the licensure requirements listed herein. Notwithstanding the foregoing, a medical student who applies for and receives a license issued by the Board shall be subject to the act and the Board's rules and jurisdiction.

(c) Physician assistants. The term "persons" in W.S. 33-26-103(a) (i) specifically includes currently licensed physician assistants who may render aid at the scene of an emergency without physician supervision, such physician assistants are exempt from the licensure requirements listed herein when they are acting under such statutory authorization.

(d) Emergencies. Wyoming physicians and physician assistants and those physicians and physician assistants residing in and who hold full and unrestricted licenses to practice medicine or to practice as a physician assistant in another state or country who come into this state to provide medical care during an emergency or pandemic declared as such by Order of the Governor of this state and/or pursuant to any State Emergency Plan and who comply with all requirements of the board for verification of licensure and identity, may practice medicine or practice as a physician assistant without first obtaining a Wyoming license for the period during which any such emergency or pandemic Declaration or Order remains in effect.

Section 8. Fees.

(a) All fees are non-refundable.

(b) Requested paperwork shall not be processed until appropriate fees are received by the board.

(c) Application fees shall be paid to the board in the form of cashier's check or money order. All other fees shall be paid to the board in the form of a check, cashier's check or money order; provided, however, if the board establishes a system for on-line payment of fees, licensure fees may be paid by credit card.

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Section 9. Reinstatement of Licenses.

Whenever the board receives a petition for the reinstatement from a person whose license has been revoked, restricted or suspended by, or surrendered or relinquished to, the board:

(a) The executive director shall examine the petition to determine whether it meets the requirements and contains the information required by W.S. 33-26-406(a-b) including submission of the appropriate fee, passage of a minimum of six (6) months from the effective date of the board order or, if the matter has been appealed, six (6) months following the date of final judicial review, and contains specific information regarding the petitioner's fulfillment of any and all conditions and/or compliance with all restrictions imposed upon petitioner by any prior order of the board and/or has corrected the conduct that formed the basis for revocation, restriction, suspension, surrender, or relinquishment of petitioner's license.

(b) If the petition does not meet the requirements, the petition shall be returned to the petitioner with a letter stating that it does not meet such requirements and will not be considered unless and until an acceptable petition is submitted.

(c) Upon receipt of the petition, the board shall set the matter for hearing in accordance with the provisions of the Wyoming Administrative Procedure Act. The burden of proof upon the petitioner at such hearing shall be to demonstrate, by a preponderance of evidence, that:

(i) Petitioner has corrected the conduct that formed the basis for the revocation, restriction, suspension, surrender, or relinquishment of petitioner's license and that petitioner is able to safely, skillfully and competently resume the practice of medicine; or

(ii) Petitioner has fulfilled all conditions or complied with all restrictions imposed upon petitioner by an prior order of the board, has otherwise corrected the conduct or condition which formed the basis for the restrictions or conditions placed on petitioner's license and is able to safely, skillfully and competently practice medicine in this state.

(d) After a hearing before the board conducted pursuant to subsection (c) of this chapter, the board shall issue specific findings of fact, conclusions of law and a final order:

(i) Reinstating the license without conditions or restrictions;

(ii) Reinstating the license subject to restrictions or conditions;

(iii) Removing or modifying the restrictions or conditions on the license;

(iv) Denying reinstatement of the license or removal of the restrictions or conditions on the license; or,

(v) Taking such other action as the board deems appropriate and just in the circumstances.

(e) Any final order issued by the board under this section shall be subject to judicial review as provided in W.S. 33-26-407.

(f) If the board denies a reinstatement or removal of restrictions or conditions, future petitions for reinstatement or removal of restrictions or conditions may be submitted not less than one (1) year after the board's final order denying reinstatement or removal of restrictions or conditions.

(g) Notwithstanding subsections (a) through (d) of this section, if a license is suspended pursuant to W.S. 33-26-404(d), the license may be reinstated or license restrictions removed without a hearing upon receipt of a certified copy of a court order modifying or removing any restrictions, withholding, or suspension of a party's license which had been previously imposed by court order.

Section 10. License Renewal.

(a) License Renewal Deadline. All physician licenses must be renewed annually no later than June 30th of each calendar year:

(b) License Renewal Grace Period. Licensees who provide, in writing and not more than sixty (60) days after the license renewal deadline, good cause for failure to submit their application for renewal in a timely manner may be granted an extension for submitting their application, and the requisite renewal fee and license renewal grace period surcharge, of not greater than thirty (30) days by the executive director. Any request for an extension of the renewal application deadline received by the board more than sixty (60) days after the deadline may be granted an extension for submitting their application of not greater than thirty (30) days at the discretion of a majority of the board officers. Nothing herein imposes a duty on the Board of Medicine or the executive director to grant an extension to any licensee.

(c) License Renewal Form. Licensees shall submit an application for renewal each year in a format or form provided by the board. The board may utilize paper or electronic forms, or a combination of both.

Section 11. Reactivation of Emeritus and Inactive Licenses.

(a) A licensee holding an emeritus or inactive license may apply to reactivate it by submitting the following:

(i) An application on a form prescribed by the board;

(ii) Payment of the applicable fees established by the Board by rule; and,

(iii) Two (2) references as described in section 4(a)(iv) of this Chapter.

(b) The holder of an inactive license must also submit proof of completion of not less than twenty (20) hours of qualified continuing medical education, as defined in chapter 3, section 7(a) of these rules, within the preceding twelve (12) months. This subsection shall not apply to the holder of an inactive license who is otherwise exempt from the continuing medical education requirement pursuant to chapter 3, section 7(b) of these rules.

(c) Applicants who do not meet the requirements of W.S. 33-26-303 shall not be eligible to reactivate an

emeritus or inactive license.

(d) Upon review of the application by the board officers and the approval of a majority thereof, the applicant's emeritus or inactive license shall be returned to active status.

(e) If the applicant possesses one or more of the characteristics enumerated in section 5(b)(iv) of this chapter, the board officers may require the applicant to appear for a licensure interview conducted pursuant to section 5(b) of this chapter. Upon completion of the licensure interview, the board shall act upon the application for reactivation of the emeritus or inactive license pursuant to section 5(b)(vi) of this chapter. If after a licensure interview the board denies reactivation of an emeritus or inactive license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

(f) If a majority of the board officers does not approve the reactivation of an emeritus or inactive license, the applicant may file a petition with the board for review of the application in a contested case hearing conducted pursuant to the A.P.A.

Section 12. Reactivation of Lapsed Licenses.

(a) A licensee holding a lapsed license may apply to reactivate it by submitting the following:

(i) An application on a form prescribed by the board;

(ii) Payment of the applicable fees established by the Board by rule; and,

(iii) Two (2) references as described in section 4(a)(iv) of this Chapter.

(b) The holder of a lapsed license must also submit proof of completion of not less than sixty (60) hours of qualified continuing medical education, as defined in chapter 3, section 7(a) of these rules, within the preceding three (3) years. This subsection shall not apply to the holder of an inactive license who is otherwise exempt from the continuing medical education requirement pursuant to chapter 3, section 7(b) of these rules.

(c) Applicants who do not meet the requirements of W.S. 33-26-303 shall not be eligible to reactivate a lapsed license.

(d) Upon review of the application by the board officers and the approval of a majority thereof, the applicant's lapsed license shall be returned to active status.

(e) If the applicant possesses one or more of the characteristics enumerated in section 5(b)(iv) of this chapter,

the board officers may require the applicant to appear for a licensure interview conducted pursuant to section 5(b) of this chapter. Upon completion of the licensure interview, the board shall act upon the application for reactivation of the lapsed license pursuant to section 5(b)(vi) of this chapter. If after a licensure interview the board denies reactivation of a lapsed license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

(f) If a majority of the board officers does not approve the reactivation of a lapsed license, the applicant may file a petition with the board for review of the application in a contested case hearing conducted pursuant to the A.P.A.

Section 13. Applicant Criminal History Record Check.

(a) The board of medicine may request a criminal history record report on an applicant for licensure if:

(i) The applicant answers in the affirmative to one or more questions on the licensure application related to criminal history;

(ii) Documentation submitted with or in support of an application for licensure indicates the applicant may have a criminal history; or,

(iii) Any information received by the board indicates the applicant may have a criminal history.

(b) Upon a determination by the executive director that a criminal history record check is appropriate, a written request will be sent to the applicant along with the necessary forms for fingerprinting of the applicant. No further processing of the application will occur until the completed forms are received in the board office; however, the board office will continue to accept documentation sent in support of an application pending receipt of the completed forms for the criminal history record check.

STATUTORY AUTHORITY: W.S. § 33-26-202

EFFECTIVE DATE: July 13, 1994 Secretary of State Document #234 (Chapter 1), #235 (Chapter 2), #236 (Chapter 3)

AMENDED: March 7, 1997 Secretary of State Document #2351 (Chapter 1), #2352 (Chapter 2), #2353 (Chapter 3); December 7, 2001 Secretary of State Document #4675 (Chapter 1); January 29, 2003 Secretary of State Document #5017 (Chapter 1); July 14, 2004 Secretary of State Document #5572 (Chapter 1), #5577

(Chapter 2), #5578 (Chapter 3); December 12, 2007 Secretary of State Document #6798 (Chapter 1), #6799 (Chapter 2), #6800 (Chapter 3); August 11, 2009 Secretary of State Document #7496 (Chapter 1), #7497 (Chapter 3); July 11, 2011 Secretary of State Document #8259 (Chapter 1), #8260 (Chapter 2), #8261 (Chapter 3)