

# telehealth



State-by-state  
individual licensure  
requirements for 13  
western states.

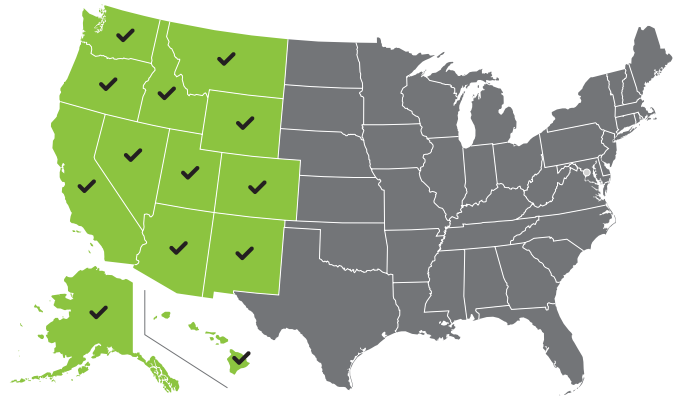
The MIEC policy provides medical professional liability coverage for members practicing under the scope of their licensure, **including state licensure**, and that includes telehealth practice activities as defined by state licensing authorities.

Importantly, the licensure requirement for a health care provider is determined by the licensing board of the state **in which a patient is physically located at the time of treatment**. These requirements also apply to telehealth, and they can vary considerably from state to state. For instance, most states require full, unrestricted licensure for any treatment provided in the state, including by telehealth. Some states offer telehealth-only licensure or registration; others allow physicians to provide short-term telehealth treatment without licensure for patients who are traveling or who have relocated from outside the state. Some states specifically include or exclude audio-only (telephone) encounters as part of telehealth; others do not address it.

In addition to licensing, it is important to understand individual state's telehealth regulations which can vary greatly from state to state.

MIEC members are covered for telehealth activities as long as they are practicing with full licensure or practice authority as determined by the state in which a patient is physically located at the time of treatment.

See the map below for a list of 13 western states, with more information about their individual licensure requirements and telehealth regulations provided at [miec.com/resources/telehealth/](http://miec.com/resources/telehealth/)



Members who are interested in practicing telehealth in other states that are not listed should contact Underwriting at [underwriting@miec.com](mailto:underwriting@miec.com).

## Health care providers should consider the following when providing telehealth services:

1. Health care providers must be licensed or have legal authority to practice in the state in which patients are physically located at the time of treatment.
2. Be aware of state laws and regulations regarding telehealth. In general, before prescribing medications, providers must establish a treatment relationship with new patients through evaluation and/or examination. These evaluations can be accomplished through

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[miec.com](http://miec.com)

### California

6250 Claremont Avenue  
Oakland, CA 94618-1324  
**800.227.4527**

### Alaska

801 B Street  
Suite 101  
Anchorage, AK 99501  
**800.227.4527**

### Hawaii

2855 E. Manoa Rd  
Suite 105, PMB 405  
Honolulu, HI 96822  
**800.227.4527**

### Idaho

1087 West River St.  
Suite 330  
Boise, ID 83702  
**800.227.4527**

# telehealth

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in-person visits or videoconferencing, according to state laws and/or the applicable standard of care. Avoid prescribing medications to new patients based solely on a telephone conversation or online questionnaire.

**3.** With limited exceptions, pursuant to federal law, Schedule II-V controlled substances should only be prescribed to new patients following a thorough in-person evaluation. During the COVID state of emergency, this requirement has been modified to allow the initial evaluation to occur via videoconference. For more information, see the DEA's Controlled Substance Prescribing Guidance During COVID. Providers should note that the in-person evaluation requirement will be reinstated when the federal public health emergency expires, and applicable standards of care may require initial or periodic in-person evaluations when possible.

**4.** Telehealth does not alter applicable standards of care, and providers should consider what clinical presentations or types of evaluation and treatment are best performed in person. Providers should develop protocols for referring patients for in-person care, and dealing with emergencies that might arise during virtual patient encounters.

**5.** Providers should maintain complete and accurate medical records for telehealth visits, in the same manner as for in-person visits.

**6.** Patients must provide informed consent for telehealth, and that consent should be documented in the patient's records (sample consent forms can be found to the right).

**7.** Providers should remember to take reasonable steps to protect patient privacy and confidentiality during telehealth visits, and when communicating electronically with patients. Whenever possible, avoid sending Protected Health Information (PHI) via text message or unsecured email.



## **MIEC encourages members to review the following articles in the MIEC Knowledge Library:**

[Telehealth Update](#)

[Techniques for a Successful Telemedicine Visit](#)

[Telehealth and Telepsychiatry Consent Forms](#)

[Telehealth and Prescribing Controlled Substances](#)

## **Resources for State Telehealth Policies:**

[Center for Connected Health Policy \(CCHP\)](#)

[Interstate Medical Licensure Compact](#)

### **Federal of State Medical Boards:**

[Telemedicine Policies- Board by Board Overview](#)

[State Specific Interstate Telemedicine Licensure](#)

[States Modifying Requirements for Telehealth in Response to COVID-19](#)

### **National Conference of State Legislatures (NCSL)**

[State Telehealth Policies](#)

### **U.S. Department of Health and Human Services (HHS)**

[Telehealth licensing requirements and interstate compacts](#)

### **Public Health Institute**

[Telehealth Policy Finder](#)