

TELEHEALTH & LICENSURE

E-Health Workgroup
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Center for Connected
Health Policy

THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER



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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

DISCLAIMERS

- **Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.**
- **Always consult with legal counsel.**
- **CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.**



CCHP MISSION

Our mission is to advance state and national telehealth policies that promote better systems of care and improved health outcomes, as well as provide more equitable access to quality, affordable health care and services.



ABOUT CCHP

- Established in 2009 as a program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



TODAY'S AGENDA

- **Telehealth Licensure**
- **Licensure Compacts**
- **Wyoming Telehealth Licensure Requirements**
 - **Working Across State Lines**
- **What's next?**



TELEHEALTH LICENSURE

- **Licensure is in the purview of the states, each states have their own policies**
- **Most require that practitioners must be licensed by the state if the practitioner is treating a patient within the state's borders during the time of the interaction**
- **States take different approaches to addressing the licensure issue:**
 - **Do nothing**
 - **Limited exceptions**
 - **Compacts**
 - **Special telehealth license/route**



TELEHEALTH & BEHAVIORAL HEALTH

- Behavioral and Mental Health and telehealth work well together
- For reimbursement policies, often mental and behavioral health have more allowances/broader policies
- Examples
 - Federal level current permanent policies allow more flexibility for provision of mental health services via telehealth
 - Medicaid programs in their audio-only policies will sometimes only allow it to be for provision of mental/behavioral health services
- Mental/behavioral health providers face the same licensure issues as other practitioners.



TELEHEALTH LICENSURE

- Limited exceptions
 - A person not a resident of IL is not prohibited from performing social work via telehealth in the state for a nonresident of the state for not more than 5 days in any one month or more than 15 days in any one calendar year, that had a previous established therapeutic relationship with the nonresident, and the person is authorized to perform such services under the laws of the state or country in which the person resides.
 - [225 ILCS 20/4](#) (Illinois)



TELEHEALTH LICENSURE

- Limited exceptions
 - The eligible patient also must not have been accepted to participate in the clinical trial nearest to their home for the immediately life-threatening disease or condition within one week of completion of the clinical trial application process, or, in the medical judgment of a physician and surgeon it is unreasonable for the patient to participate in that clinical trial due to the patient's current condition and stage of disease. The eligible patient must also have documentation from their primary physician and surgeon attesting that they meet all requirements. [CA Business and Professions Code Section 2052.5 \(California\)](#)



LICENSURE COMPACTS

- Many different compacts
- They are by profession (physician, nurse, OT, PT, etc.)
- Basic structure
 - Agreement between states on how to addressing cross-state licensing
- Need legislation to pass to join a compact and usually a minimum number of states must have joined before the compact is activated
- Third party runs the compact
- Each compact structure differently, so they approach the licensure issue in different ways.



LICENSURE COMPACTS

- Different Compacts (WY currently member of the following)
 - [ILMC](#)
 - [Nurse Licensure](#)
 - [PSYPACT](#)
 - [Audiology & Speech-Language Pathology](#)
 - [EMS](#)
 - [Occupational Therapy](#)
 - [Counseling](#)



WYOMING LICENSURE REQUIREMENTS

Must have a WY license if rendering a medical diagnosis and/or treatment to a person physically present in the state

Does not apply when...

- Out-of-state physician consults by phone, electronic or any other means w/attending physician licensed by the board**
- If brought in by a WY licensed physician for a total 12 days in 52 week period (12/year)**
- Exceptions for emergencies/pandemics**



WYOMING LICENSURE REQUIREMENTS

Must have a WY license if rendering a medical diagnosis and/or treatment to a person physically present in the state

Does not apply when...

- Already established patient-provider relationship that was established in-person in the state the out-of-state provider is licensed in**
- Can provide continued care for up to 6 months of establishment of the patient-provider relationship in another state otherwise need another in-person encounter.**



MENTAL/BEHAVIORAL HEALTH

As with any specialty, licensure also becomes an issue for behavioral health/mental health practitioners

Does not apply when...

- Already established patient-provider relationship that was established in-person in the state the out-of-state provider is licensed in**
- Can provide continued care for up to 6 months of establishment of the patient-provider relationship in another state otherwise need another in-person encounter.**



COURT CASE

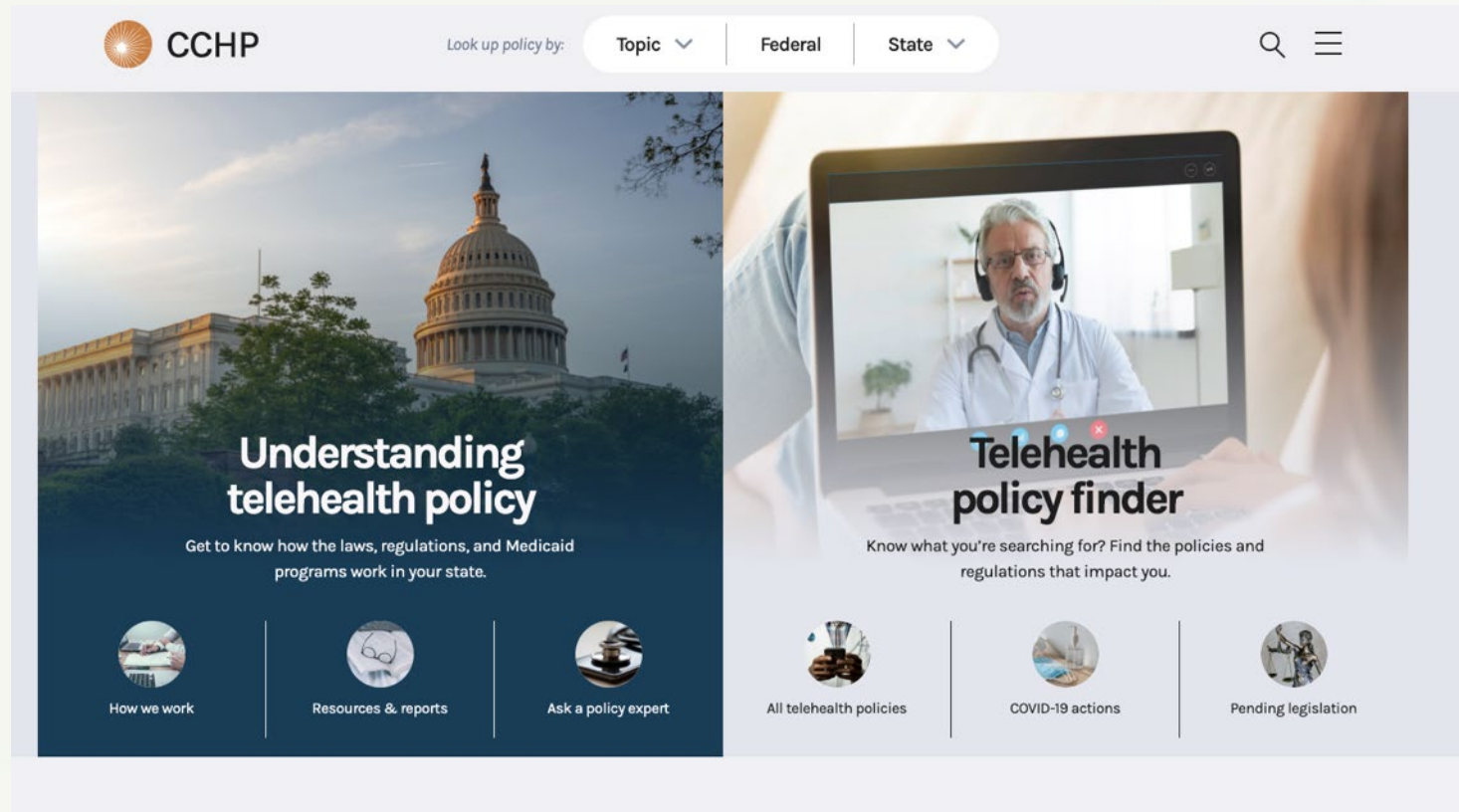


New Jersey

- **McDonald et al v. Sabando**
 - **Filed in Federal District Court in December 2023**
 - **Plaintiffs argue NJ licensure laws on telehealth are unconstitutional**



➤ CCHP Website – cchpca.org



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Thank You!

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