

State	Can a Virginia licensed provider furnish telehealth services from a distant site located in Virginia to a patient in an originating site located in the neighboring state?	Reference
Washington, D.C.	<p>Any healthcare provider who is licensed in their home jurisdiction in their field of expertise who is providing healthcare to District residents shall be deemed a temporary agent of the District of Columbia for the duration of this Order, pursuant to the below limitations:</p> <ol style="list-style-type: none"> <li>a. The healthcare provider is only providing healthcare services to individuals at a licensed healthcare facility located in the District of Columbia. This includes providing any services via telehealth; or</li> <li>b. The healthcare provider has an existing relationship with a patient who has returned to the District of Columbia, and the healthcare provider is providing continuity of healthcare services to said patient via telehealth in accordance with the Guidance for Use of Telehealth in the District of Columbia, published March 12, 2020 and accessible at <a href="https://coronavirus.dc.gov">https://coronavirus.dc.gov</a> as well as any applicable laws and regulations.</li> </ol>	<p><a href="#">Administrative Order No. 2020-02, Section II (a)-(f)</a></p>
North Carolina	<p><b>Section 16. Out of State Health Care Licensure and Additional Testing Resources</b></p> <p>With the concurrence of the Council of State, I hereby temporarily waive North Carolina licensure requirements for health care and behavioral health care personnel who are licensed in another state, territory, or the District of Columbia to provide health care services within the Emergency Area.</p> <p><b>COVID-19 Telemedicine FAQs</b></p> <p>“In North Carolina, patients who are currently in the state but have an established relationship with a physician or PA in another state may receive care, including prescriptions, from the out-of-state clinician via telemedicine.”</p>	<p><a href="#">Executive Order No. 116, Section 16. Out of State Health Care Licensure and Additional Testing Resources; North Carolina Medical Board, COVID-19 Telemedicine FAQs</a></p>
West Virginia	<p><b>Executive Order No. 7-20 (2)</b></p> <p>NOW, THEREFORE, I, JIM JUSTICE, pursuant to the authority vested in me pursuant to the provision of Chapter 15, Article Five, Section 6 of the Code of West Virginia, hereby DECLARE and ORDER that, the following statutory regulations are to be suspended for the duration of the State of Emergency:</p> <p>2. Requirement for telemedicine providers to be licensed in West Virginia (W. Va. Code § 30-3-13a(b)(2) and (W. Va. Code § 30-3-13(b)), provided that such provider possess a license within their own state;</p>	<p><a href="#">Executive Order No. 7-20 (2)</a></p>

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Maryland	<p><b>Executive Order 20-04-01-01</b></p> <p>II. Subject to paragraphs III, IV, and V of this Order, the Secretary of Health may, through directives, rules, or guidelines, authorize a health care practitioner to deliver health care services through the use of telecommunications technologies (“telehealth”), as well as audio-only calls or conversations, to a patient at a different physical location than the health care practitioner, provided that:</p> <ul style="list-style-type: none"> <li>a. The health care services delivered are: <ul style="list-style-type: none"> <li>i. Clinically appropriate; and</li> <li>ii. Within the scope of practice of the health care practitioner; and</li> </ul> </li> <li>b. The health care practitioner: <ul style="list-style-type: none"> <li>i. Is licensed, certified, or otherwise authorized by law to provide health care services in the state;</li> <li>ii. Complies with the same standards of practice that are applicable to the provision of health care services in in-person health care settings;</li> <li>iii. Documents in a patient’s medical record the health care services provided through telehealth or audio-only calls or conversations, according to the same documentation standards used for in-patient health care services; and</li> <li>iv. If using audio-only calls or conversations, can interact with the patient at the time the health care service is provided.</li> </ul> </li> </ul> <p>III. A health care practitioner authorized to use telehealth or audio-only calls or conversations may establish a practitioner–patient relationship through an exchange of information between a patient and a health care practitioner, if:</p> <ul style="list-style-type: none"> <li>a. The health care practitioner: <ul style="list-style-type: none"> <li>i. Verifies the identity of the patient receiving health care services through telehealth or audio-only calls or conversations;</li> <li>ii. Discloses to the patient the health care practitioner’s name, contact information, and the type of health occupation license held by the health care practitioner;</li> <li>iii. Obtains oral or written consent from the patient or from the patient’s parent or guardian if state law requires the consent of a parent or guardian; and</li> </ul> </li> <li>b. Any audio-only calls or conversation occur in real time.</li> </ul> <p>IV. Before providing treatment or issuing a prescription through telehealth or audio-only calls or conversations, the health care practitioner shall perform a clinical evaluation that is appropriate for the patient and the condition with which the patient presents.</p> <p>V. A health care practitioner who through telehealth or audio-only calls or conversations prescribes a controlled dangerous substance, as defined in § 5–101 of the Criminal Law article of the Maryland Code,</p>	<p><a href="#">Executive Order 20-04-01-01, Sections II-IX</a>, as interpreted by the Maryland Board of Physicians in their <a href="#">March 20, 2020 Notice (5)</a></p>

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	<p>is subject to any applicable regulation, limitation, and prohibition in federal and state law relating to the prescription of controlled dangerous substances.</p> <p>VI. The Maryland Medical Assistance Program shall not reimburse, in accordance with the requirements of Title 15, Subtitle 1 of the Health-General Article of the Maryland Code (“HG”), health care practitioners for health care services provided through telehealth or audio-only calls or conversations if the health care practitioner has violated this Order.</p> <p>VII. The Behavioral Health Administration shall not reimburse, in accordance with the requirements of HG Title 7.5, Subtitle 2, health care practitioners for health care services provided through telehealth or audio-only calls or conversations if the health care practitioner has violated this Order.</p> <p>VIII. The effect of any statute, rule, or regulation of an agency of the State or a political subdivision inconsistent with this order, including HG § 15-105.2, is hereby suspended.</p> <p>IX. The effect of HG §§ 4-301 to 4-309 is hereby suspended in connection with the provision of health care services through telehealth, audio-only calls or conversations, or telemedicine as defined in HG § 15-105.2. X. Subject to paragraphs VIII and IX of this Order, all others laws and regulations regarding the confidentiality of health information and a patient’s right to the patient’s health information apply to telehealth interactions or audio-only calls or conversations in the same manner as the laws apply to in-person health care interactions.</p> <p><b>Maryland Board of Physicians March 20, 2020 Notice (5)</b></p> <p>5) The Board is suspending the requirement in COMAR 10.32.05.03 that requires a provider of telehealth services to have a Maryland license if the individual practicing telehealth is in Maryland or the patient is in Maryland for health care practitioners in adjoining states to see existing patients in Maryland who cannot travel to the office during the state of emergency. A physician or allied health practitioner who holds a valid, unexpired license issued by an adjoining state may practice telehealth to the extent authorized by the home state license without obtaining a Maryland license to treat existing Maryland patients to provide continuity of care during the state of emergency.</p>	