

Telehealth: Licensure and Interstate Compacts

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Related Topic: [Health](#)



Part of the Telehealth Explainer Series

This series addresses six aspects of telehealth to better inform policymaking for state lawmakers.

States are responsible for several aspects of health professional licensing. This includes determining provider qualifications and scope of practice, as well as how licensure provides protections to patients within state borders.

As such, health professionals providing services via telehealth must be licensed in the state where the patient is receiving care, as well as the state in which the provider is located.

To facilitate telehealth across state lines, states may consider a variety of policy options, including telehealth-specific licensure flexibilities, participating in interstate licensure compacts and more.

Three Things to Know:

1. Health professionals need appropriate licensure to conduct telehealth across state borders.
2. States have various options to allow health professionals who are actively licensed in one state to use telehealth to practice remotely within another state's borders.
3. States may opt into interstate licensure compacts that expedite licensure for certain occupations across state lines.

Licensure Flexibilities for Telehealth

Traditional licensure processes, which are often expensive and lengthy, may deter out-of-state professionals from practicing in another state via telehealth.³ In response, various states have pursued [policy options](#) to create expedited licensure processes and/or make certain exceptions to increase access to virtual care. Some of these options include licensure by endorsement or reciprocity, special registration or licensure, and exceptions to in-state requirements.

Licensure by reciprocity or endorsement may eliminate barriers for health professionals already licensed in other jurisdictions. [Maryland, Virginia and Washington, D.C.](#), established an expedited licensure process for U.S. and Canadian-educated physicians to establish practice within each state and the District of Columbia.

Some states allow out-of-state professionals to practice telehealth in their states through [telehealth registries](#) or special telehealth licenses. States have some variation in how they oversee telehealth registration or special licensure. Typically, providers must meet these terms:

- Current, valid, and unrestricted license in another state.
- Not subject to any past disciplinary proceedings.
- Must maintain and provide evidence of professional liability insurance.
- Must not open an office or offer in-person treatment in that state.
- Must annually register and pay a fee with the appropriate state licensing board.

For example, [Vermont](#) offers a special license and a telehealth registry for out-of-state professionals. [South Carolina](#) offers registration for out-of-state behavioral health professionals.

States may create specific exceptions to their in-state requirements to allow out-of-state professionals to offer services via telehealth under certain conditions. In some cases, states might implement both special licensure/registration provisions and exceptions to in-state requirements. For example, [Idaho](#) does not require a separate license for virtual care if the provider is licensed and in good standing in another state, provided certain conditions are met. One such condition is if the patient is in Idaho and requires temporary or short-term follow-up care, to ensure continuity of care. [Oregon](#) allows exceptions for out-of-state physicians and physician assistants for consultations between providers, emergency care and other specific circumstances.

Creating Interstate Compacts

Compacts have gained traction as a way to allow various types of health professionals to provide services to individuals in other states. Compacts are formed when a certain number of states enact legislation that includes specific uniform language. Compacts are often administered by a nongovernmental organization. All compact member states maintain their authority to monitor health care professionals practicing within their borders. Joining the compact is voluntary for the health professionals.

Active Compacts

Interstate Medical Licensure Compact

- For physicians.
- Members: 40 states, the District of Columbia and Guam.
- Administered by the Interstate Medical Licensure Commission.

Nurse Licensure Compact

- For registered nurses and licensed practical nurses.
- Members: 40 states, Virgin Islands and Guam.
- Administered by the Nurse Licensure Compact Commission.

Physical Therapy Compact

- For physical therapists.
- Members: 37 states and the District of Columbia.
- Administered by the Physical Therapy Compact Commission.

Psychology Interjurisdictional Compact (PSYPACT)

- For psychologists.
- Members: 40 states, the District of Columbia and the Commonwealth of the Northern Mariana Islands.
- Administered by the PSYPACT Commission.

EMS Personnel Licensure Interstate Compact

- For emergency medical technicians and paramedics.
- Members: 24 states.
- Administered by the Interstate Commission for EMS Personnel Practice.

Counseling Compact

- For professional counselors.
- Members: 36 states.
- Administered by the Counseling Compact Commission.

Social Work Licensure Compact

- For social workers.
- Members: 22 states.
- Administered by the Social Work Compact Commission.

Audiology & Speech-Language Pathology Interstate Compact

- For audiologists and speech-language pathologists.
- Members: 33 states.
- Administered by the ASLP-IC Commission.

Compacts also exist for other provider types.