

Occupational Therapy and Telehealth

State Statutes, Regulations and Regulatory Board Statements

Note: Click on the links below to view the full chart of state COVID-19 updates related to state licensure and telehealth.

State	Citation and Provisions ¹	Notes
Alabama		<p>No statutes, regulations, or statements specific to OT and telehealth. The State Medical Board is reviewing telehealth. After the review process, the OT Practice Board will review the OT Practice Act and make changes accordingly. Currently, no laws or regulation prohibit the practice of telehealth.</p> <p>COVID-19 update: Board statement from March, 2020 that the practice act does not address telehealth, but also does not put limits on its use; Alabama Medicaid extended the temporary allowance of speech and OT services through telemedicine, as well as other COVID-19-related flexibilities, until August 31, 2021.</p>
Alaska	<p>Regulation: 12 AAC 54.825 STANDARDS FOR PRACTICE OF TELEREHABILITATION BY OCCUPATIONAL THERAPIST.</p> <p>(a) The purpose of this section is to establish standards for the practice of telerehabilitation by means of an interactive telecommunication system by an occupational therapist licensed under AS 08.84 and this chapter in order to provide occupational therapy to patients who are located in this state and do not have access to an occupational therapist in person due to geographic constraints or health and safety constraints.</p>	<p>Board reports that it has not endorsed the AOTA position paper on telehealth, but directs licensees with telehealth questions to read it.</p> <p>COVID-19 update: As of February 14, 2021, out-of-state providers must have</p>

¹ Disclaimer: *This chart is provided for informational and educational purposes only and is not a substitute for legal advice or the professional judgement of health care professionals in evaluating and treating patients.* AOTA State Affairs staff reviewed state occupational therapy statutes, regulations and position statements adopted by state occupational therapy regulatory boards as well as broader telehealth statutes and regulations. Staff also contacted state occupational therapy regulatory boards and agency staff with oversight over occupational therapy licensure to ask if the board/agency has a position on the provision of occupational therapy via telehealth. AOTA encourages practitioners to check their state OT regulatory board/agency for the latest information about regulatory requirements regarding the provision of occupational therapy via telehealth.

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	<p>(b) An occupational therapist licensed under AS 08.84 and this chapter conducting telerehabilitation by means of an interactive telecommunication system</p> <p>(1) (repealed)</p> <p>(2) must interact with the patient maintaining the same ethical conduct and integrity required under 12 AAC 54.800;</p> <p>(3) must comply with the requirements of 12 AAC 54.810 for any licensed occupational therapist assistant providing services under this section;</p> <p>(4) may conduct one-on-one consultations, including initial evaluation, under this section; and</p> <p>(5) must provide and ensure appropriate client confidentiality and HIPAA compliance, establish secure connections, activate firewalls, and encrypt confidential information.</p> <p>Regulation: 12 AAC 54.990 DEFINITIONS In this chapter and in AS 08.84:</p> <p>(5) “HIPAA compliance” means compliance with 42 U.S.C. 300gg (Health Insurance Portability and Accountability Act of 1996);</p> <p>(6) “interactive telecommunication system”</p> <p>(A) means audio and video equipment that permits a two-way, real time communication between a therapist licensed under AS 08.84 and this chapter and a patient who is located at a distant site in the state which is not in close proximity of the therapist;</p> <p>(B) does not include</p> <p>(i) electronic mail;</p> <p>(ii) facsimile machine; or</p> <p>(iii) telephone;</p> <p>(7) “telerehabilitation” means the practice of therapy by a person licensed as a therapist under AS 08.84 and this chapter using an interactive telecommunication system.</p> <p>Board Statement: Important Notice Regarding Telemedicine Following SB74, businesses engaged in the practice of telemedicine are required to register for placement on the Telemedicine Business Registry (TBR) through the Professional Licensing Section...Please note that the application is for businesses rather than individual licensees to register; if you have any questions regarding scope of practice requirements or limitations regarding telemedicine, please contact the Board or program’s Occupational Licensing Examiner.</p>	<p>an Alaska license to provide services to clients or patients located in Alaska; Department of Commerce, Community and Economic Development issued updated guidance on Telehealth and Licensing on June 3, 2021.</p>
Arizona		<p>No statutes, regulations, or statements specific to OT and telehealth.</p> <p>COVID-19 update: Governor signed legislation to expand access to telehealth for patients and allow out-of-state health care professionals to provide services via telehealth in the</p>

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		state; several previously issued Executive Orders related to telehealth have been rescinded as a result of the new law.
Arkansas	<p>Statute: Arkansas Code §17-80-402. Definitions.</p> <p>(1) "Distant site" means the location of the healthcare professional delivering services through telemedicine at the time the services are provided;</p> <p>(2) "Healthcare professional" means a person who is licensed, certified, or otherwise authorized by the laws of this state to administer health care in the ordinary course of the practice of his or her profession;</p> <p>(3) "Originating site" means a site at which a patient is located at the time healthcare services are provided to him or her by means of telemedicine;</p> <p>(4) (A) "Professional relationship" means at minimum a relationship established between a healthcare professional and a patient when:</p> <p>(i) The healthcare professional has previously conducted an in-person examination and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;</p> <p>(ii) The healthcare professional personally knows the patient and the patient's relevant health status through an ongoing personal or professional relationship and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;</p> <p>(iii) The treatment is provided by a healthcare professional in consultation with, or upon referral by, another healthcare professional who has an ongoing relationship with the patient and who has agreed to supervise the patient's treatment, including follow-up care;</p> <p>(iv) An on-call or cross-coverage arrangement exists with the patient's regular treating healthcare professional or another healthcare professional who has established a professional relationship with the patient;</p> <p>(v) A relationship exists in other circumstances as defined by rule of the Arkansas State Medical Board for healthcare professionals under its jurisdiction and their patients; or</p> <p>(vi) A relationship exists in other circumstances as defined by rule of a licensing or certification board for other healthcare professionals under the jurisdiction of the appropriate board and their patients if the rules are no less restrictive than the rules of the Arkansas State Medical Board;</p> <p>(5) "Remote patient monitoring" means the use of synchronous or 18 asynchronous electronic information and communication technology to collect personal health information and medical data from a patient at an originating site that is transmitted to a healthcare professional at a distant site for use in the treatment and management of medical conditions that require frequent monitoring;</p>	<p>COVID-19 update: Governor signed legislation in 2021 extending emergency measures enacted for the duration of the pandemic that allows providers to treat patients via telehealth without first conducting an in-person exam and amending the definition of telemedicine to include "real-time interactive audio technology, including the telephone"; DHS expanded allowable telemedicine services to include OT, PT, and speech therapy provided to established patients using real-time technology that includes audio and video and allowing patients to receive therapy via telemedicine in their home. This expansion is in effect until December 31, 2021.</p>

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	<p>(6) "Store-and-forward technology" means the asynchronous transmission of a patient's medical information from a healthcare professional at an originating site to a healthcare professional at a distant site; and</p> <p>(7) (A) "Telemedicine" means the use of electronic information and communication technology to deliver healthcare services, including 29 without limitation the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient.</p> <p>(B) "Telemedicine" includes store-and-forward technology and remote patient monitoring.</p> <p>Regulation: Arkansas State Medical Board Regulation 2.8</p> <p>8. Requiring minimum standards for establishing Patient/Provider relationships. Provider is defined as a person licensed by the Arkansas State Medical Board. A Provider exhibits gross negligence if he provides and/or recommends any form of treatment, including prescribing legend drugs, without first establishing a proper Patient/Provider relationship.</p> <p>A. For purposes of this regulation, a proper Patient/Provider relationship, at a minimum requires that:</p> <ol style="list-style-type: none"> 1. A. The Provider performs a history and an "in person" physical examination of the patient adequate to establish a diagnosis and identify underlying conditions and/or contraindications to the treatment recommended/provided, OR B The Provider performs a face to face examination using real time audio and visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person examination; OR C The Provider personally knows the patient and the patient's general health status through an "ongoing" personal or professional relationship; <p>2. Appropriate follow-up be provided or arranged, when necessary, at medically necessary intervals.</p> <p>B. For the purposes of this regulation, a proper Patient/Provider relationship is deemed to exist in the following situations:</p> <ol style="list-style-type: none"> 1. When treatment is provided in consultation with, or upon referral by, another Provider who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including follow up care and the use of any prescribed medications. 2. On-call or cross-coverage situations arranged by the patient's treating Provider. <p>C. Exceptions – Recognizing a Provider's duty to adhere to the applicable standard of care, the following situations are hereby excluded from the requirement of this regulation:</p> <ol style="list-style-type: none"> 1. Emergency situations where the life or health of the patient is in danger or imminent danger. 2. Simply providing information of a generic nature not meant to be specific to an individual patient. 3. This Regulation does not apply to prescriptions written or medications issued for use in expedited heterosexual partner therapy for the sexually transmitted diseases of gonorrhea and/or chlamydia. 	

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	<p>4. This Regulation does not apply to the administration of vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Tdap, Td, or TT) or inactive influenza vaccines</p> <p><u>Regulation: Arkansas State Medical Board Regulation 38</u> Requirement for all services provided by Providers using telemedicine:</p> <ol style="list-style-type: none"> 1. A Patient/Provider relationship must be established in accordance with Regulation 2.8 before the delivery of services via telemedicine. Provider is defined as a person licensed by the Arkansas State Medical Board. A patient completing a medical history online and forwarding it to a Provider is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology. 2. The following requirements apply to all services provided by Providers using telemedicine: <ol style="list-style-type: none"> A. The practice of medicine via telemedicine shall be held to the same standards of care as traditional in-person encounters. B. The Provider must obtain a detailed explanation of the patient's complaint from the patient or the patient's treating Provider. C. If a decision is made to provide treatment, the Provider must agree to accept responsibility for the care of the patient. D. If follow-up care is indicated, the Provider must agree to provide or arrange for such follow-up care. E. A Provider using telemedicine may NOT issue a prescription for any controlled substances defined as any scheduled medication under schedules II through V unless the Provider has seen the patient for an in-person exam or unless a relationship exists through consultation or referral; on-call or cross-coverage situations; or through an ongoing personal or professional relationship. F. The Provider must keep a documented medical record, including medical history. G. At the patient's request, the Provider must make available to the patient an electronic or hardcopy version of the patient's medical record documenting the encounter. Additionally, unless the patient declines to consent, the Provider must forward a copy of the record of the encounter to the patient's regular treating Provider if that Provider is not the same one delivering the service via telemedicine. H. Services must be delivered in a transparent manner, including providing access to information identifying the Provider in advance of the encounter, with licensure and board certifications, as well as patient financial responsibilities. I. If the patient, at the recommendation of the Provider, needs to be seen in person for their current medical issue, the Provider must arrange to see the patient in person or direct the patient to their regular treating Provider or other appropriate provider if the patient does not have a treating Provider. Such recommendation shall be documented in the patient's medical record. J. Providers who deliver services through telemedicine must establish protocols for referrals for emergency services. K. All Providers providing care via telemedicine to a patient located within the State of Arkansas shall be licensed to practice medicine in the State of Arkansas. 	

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California	<p>L. A physician shall not issue a written medical marijuana certification to a patient based on an assessment performed through telemedicine.</p> <p>Regulation: California Code of Regulations Title 16, Division 39, Article 8, Section 4172</p> <p>(a) In order to provide occupational therapy services via telehealth as defined in Section 2290.5 of the Code, an occupational therapist or occupational therapy assistant providing services to a patient or client in this State must have a valid and current license issued by the Board.</p> <p>(b) An occupational therapist shall inform the patient or client about occupational therapy services via telehealth and obtain consent prior to delivering those services, consistent with Section 2290.5 of the Code.</p> <p>(c) An occupational therapist shall determine whether an in-person evaluation or in-person interventions are necessary considering: the complexity of the patient's/client's condition; his or her own knowledge, skills, and abilities; the nature and complexity of the intervention; the requirements of the practice setting; and the patient's/client's context and environment.</p> <p>(d) An occupational therapist or occupational therapy assistant providing occupational therapy services via telehealth must:</p> <ol style="list-style-type: none"> (1) Exercise the same standard of care when providing occupational therapy services via telehealth as with any other mode of delivery of occupational therapy services; (2) Provide services consistent with section 2570.2(k) of the Code; and (3) Comply with all other provisions of the Occupational Therapy Practice Act and its attending regulations, including the ethical standards of practice set forth in section 4170, as well as any other applicable provisions of law. <p>(e) Failure to comply with these regulations shall be considered unprofessional conduct as set forth in the Occupational Therapy Practice Act.</p>	<p>COVID-19 update: Governor's Executive Order temporarily suspended the requirement for a health care provider to obtain verbal or written consent before the use of telehealth services and to document that consent, and requiring a covered health care provider ensure that delivery of telehealth services is consistent with the March 17, 2020 US Office of Civil Rights' announced enforcement discretion regarding telehealth; Governor signed legislation extending the state's COVID-19 telehealth flexibilities until December 31, 2022, subject to federal approval.</p>
Colorado	<p>Statute: Colorado Revised Statutes §12-40.5-103. Definitions.</p> <p>(9) "Occupational therapy" means the therapeutic use of everyday life activities with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. The practice of occupational therapy includes:</p> <p>(c) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including:</p> <p>(XIV) The use of telehealth pursuant to rules as may be adopted by the director.</p>	<p>No regulations have been promulgated as of the date this chart has been updated.</p> <p>COVID-19 update: Governor signed legislation requiring health insurers and Medicaid to cover telehealth services and prohibiting carriers from imposing specific requirements, such as an established patient-provider relationship; the Medical Services Board adopted regulations as a result of the new law that makes permanent the expansion of telemedicine, including for home health patients, and authorizes the use of interactive video, audio, or interactive data in lieu of face-to-face visits.</p>

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Connecticut	<p><u>Statute:</u> Title 19a, Section 906 Telehealth services.</p> <p>(a) As used in this section:</p> <p>(1) “Asynchronous” means any transmission to another site for review at a later time that uses a camera or other technology to capture images or data to be recorded.</p> <p>(2) “Facility fee” has the same meaning as in section 19a-508c.</p> <p>(3) “Health record” means the record of individual, health-related information that may include, but need not be limited to, continuity of care documents, discharge summaries and other information or data relating to a patient's demographics, medical history, medication, allergies, immunizations, laboratory test results, radiology or other diagnostic images, vital signs and statistics.</p> <p>(4) “Medical history” means information, including, but not limited to, a patient's past illnesses, medications, hospitalizations, family history of illness if known, the name and address of the patient's primary care provider if known and other matters relating to the health condition of the patient at the time of a telehealth interaction.</p> <p>(5) “Medication-assisted treatment” means the use of medications approved by the federal Food and Drug Administration, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.</p> <p>(6) “Originating site” means a site at which a patient is located at the time health care services are provided to the patient by means of telehealth.</p> <p>(7) “Peripheral devices” means the instruments a telehealth provider uses to perform a patient exam, including, but not limited to, stethoscope, otoscope, ophthalmoscope, sphygmomanometer, thermometer, tongue depressor and reflex hammer.</p> <p>(8) “Remote patient monitoring” means the personal health and medical data collection from a patient in one location via electronic communication technologies that is then transmitted to a telehealth provider located at a distant site for the purpose of health care monitoring to assist the effective management of the patient's treatment, care and related support.</p> <p>(9) “Store and forward transfer” means the asynchronous transmission of a patient's medical information from an originating site to the telehealth provider at a distant site.</p> <p>(10) “Synchronous” means real-time interactive technology.</p> <p>(11) “Telehealth” means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes</p> <p>(A) interaction between the patient at the originating site and the telehealth provider at a distant site, and</p> <p>(B) synchronous interactions, asynchronous store and forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.</p> <p>(12) “Telehealth provider” means any physician licensed under chapter 370, physical therapist licensed under chapter 376, chiropractor licensed under chapter 372, naturopath licensed under chapter 373, podiatrist licensed under chapter 375, occupational therapist licensed under chapter 376a, optometrist licensed under chapter 380, registered nurse or advanced practice registered</p>	<p>No OT specific statute or regulation, but statute does use a definition of telehealth provider that includes occupational therapists.</p> <p>COVID-19 update: Governor signed legislation making many emergency measures related to telehealth permanent such as expanding the health care providers able to use telehealth to include OTs and OTAs, allowing for coverage of services delivered over audio-only phone and other audio-visual telemedicine platforms, allowing providers to use telehealth from any location, and requiring reimbursement parity for telehealth services and preventing insurers from seeking co-pays, or deductibles or reducing reimbursement to providers. A subsequent law signed by the Governor extends many temporary provisions related to telehealth until June 30, 2023.</p>

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	<p>nurse licensed under chapter 378, physician assistant licensed under chapter 370, psychologist licensed under chapter 383, marital and family therapist licensed under chapter 383a, clinical social worker or master social worker licensed under chapter 383b, alcohol and drug counselor licensed under chapter 376b, professional counselor licensed under chapter 383c, dietitian-nutritionist certified under chapter 384b, speech and language pathologist licensed under chapter 399, respiratory care practitioner licensed under chapter 381a, audiologist licensed under chapter 397a or pharmacist licensed under chapter 400j, who is providing health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession.</p> <p>(b) (1) A telehealth provider shall only provide telehealth services to a patient when the telehealth provider:</p> <ul style="list-style-type: none"> (A) Is communicating through real-time, interactive, two-way communication technology or store and forward technologies; (B) has access to, or knowledge of, the patient's medical history, as provided by the patient, and the patient's health record, including the name and address of the patient's primary care provider, if any; (C) conforms to the standard of care applicable to the telehealth provider's profession and expected for in-person care as appropriate to the patient's age and presenting condition, except when the standard of care requires the use of diagnostic testing and performance of a physical examination, such testing or examination may be carried out through the use of peripheral devices appropriate to the patient's condition; and (D) provides the patient with the telehealth's provider license number and contact information. <p>(2) At the time of the telehealth provider's first telehealth interaction with a patient, the telehealth provider shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform and, after providing the patient with such information, obtain the patient's consent to provide telehealth services. The telehealth provider shall document such notice and consent in the patient's health record. If a patient later revokes such consent, the telehealth provider shall document the revocation in the patient's health record.</p> <p>(c) Notwithstanding the provisions of this section or title 20, no telehealth provider shall prescribe any schedule I, II or III controlled substance through the use of telehealth, except a schedule II or III controlled substance other than an opioid drug, as defined in section 20-14o, in a manner fully consistent with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time, for the treatment of a person with a psychiatric disability or substance use disorder, as defined in section 17a-458, including, but not limited to, medication-assisted treatment. A telehealth provider using telehealth to prescribe a schedule II or III controlled substance pursuant to this subsection shall electronically submit the prescription pursuant to section 21a-249.</p> <p>(d) Each telehealth provider shall, at the time of the initial telehealth interaction, ask the patient whether the patient consents to the telehealth provider's disclosure of records concerning the telehealth interaction to the patient's primary care provider. If the patient consents to such disclosure, the telehealth provider shall</p>	

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	<p>provide records of all telehealth interactions to the patient's primary care provider, in a timely manner, in accordance with the provisions of sections 20-7b to 20-7e, inclusive.</p> <p>(e) Any consent required under this section shall be obtained from the patient, or the patient's legal guardian, conservator or other authorized representative, as applicable.</p> <p>(f) The provision of telehealth services and health records maintained and disclosed as part of a telehealth interaction shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 P.L. 104-191, as amended from time to time.</p> <p>(g) Nothing in this section shall prohibit:</p> <ol style="list-style-type: none"> (1) A health care provider from providing on-call coverage pursuant to an agreement with another health care provider or such health care provider's professional entity or employer; (2) a health care provider from consulting with another health care provider concerning a patient's care; (3) orders of health care providers for hospital outpatients or inpatients; or (4) the use of telehealth for a hospital inpatient, including for the purpose of ordering any medication or treatment for such patient in accordance with Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time. For purposes of this subsection, "health care provider" means a person or entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399 or 400j, or licensed or certified pursuant to chapter 368d or 384d. <p>(h) No telehealth provider shall charge a facility fee for telehealth services.</p>	
Delaware	<p>Statute: Title 24, Chapter 60, §6001 Definitions.</p> <p>As used in this chapter:</p> <ol style="list-style-type: none"> (1) "Distant site" means a site at which a health-care provider legally allowed to practice in the state is located while providing health-care services by means of telemedicine. (2) "Health-care provider" means any person authorized to deliver clinical health-care services by telemedicine and participate in telehealth pursuant to this chapter and regulations promulgated by the respective professional boards listed in § 6002. (3) "Originating site" means a site in Delaware at which a patient is located at the time health-care services are provided to the patient by means of telemedicine or telehealth. Notwithstanding any other provision of law, insurers and providers may agree to alternative siting arrangements deemed appropriate by the parties. (4) "Store and forward transfer" means the synchronous or asynchronous transmission of a patient's medical information either to or from an originating site or to or from the provider at the distant site, but does not require the patient being present nor must it be in real time. (5) "Telehealth" means the use of information and communications technologies consisting of telephones, remote patient monitoring devices or other electronic means which support clinical health-care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation. (6) "Telemedicine" means a form, or subset, of telehealth, which includes the delivery of clinical health-care services by means of real time 2-way audio (including audio-only conversations, if the 	<p>COVID-19 update: In July, 2021, the Governor signed legislation that made permanent some of the temporary telehealth provisions implemented during the pandemic such as repealing the requirement that patients present in-person before telehealth services may be provided unless doing so is impractical or a patient-provider relationship exists, and allowing for the provision of telehealth services via audio-only conversations if the patient does not have access to the technology necessary to establish an audio and visual connection. The law also repealed the existing telehealth definitions in the OT practice act and consolidated them, along with definitions from other practice acts, into one section of law.</p>

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	<p>patient is not able to access the appropriate broadband service or other technology necessary to establish an audio and visual connection), visual, or other telecommunications or electronic communications, including the application of secure video conferencing or store and forward transfer technology to provide or support health-care delivery, which facilitates the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health-care.</p> <p>§ 6002. Authorization to practice by telehealth and telemedicine. (a) Health-care providers licensed by the following professional boards existing under this title are authorized to deliver health-care services by telehealth and telemedicine subject to the provisions of this chapter:</p> <ol style="list-style-type: none"> (1) The Board of Podiatry created pursuant to Chapter 5 of this title. (2) The Board of Chiropractic created pursuant to Chapter 7 of this title. (3) The Board of Medical Practice created pursuant Chapter 17 of this title. (4) The State Board of Dentistry and Dental Hygiene created pursuant to Chapter 11 of this title. (5) The Delaware Board of Nursing created pursuant to Chapter 19 of this title. (6) The Board of Occupational Therapy Practice created pursuant to Chapter 20 of this title. (7) The Board of Examiners in Optometry created pursuant to Chapter 21 of this title. (8) The Board of Pharmacy created pursuant to Chapter 25 of this title. (9) The Board of Mental Health and Chemical Dependency Professionals created pursuant to Chapter 30 of this title. (10) The Board of Examiners of Psychologists created pursuant to Chapter 35 of this title. (11) The State Board of Dietetics/Nutrition created pursuant to Chapter 38 of this title. (12) The Board of Social Work Examiners created pursuant to Chapter 39 of this title. <p>(b) A professional board listed in § 6002(a) of this title may promulgate or revise regulations and establish or revise rules applicable to health-care providers under the professional Board's jurisdiction in order to facilitate the provision of telehealth and telemedicine services consistent with this chapter.</p> <p>§ 6003. Scope of practice; provider-patient relationship required. (a) Except for the instances listed in this chapter, health-care providers may not deliver health-care services by telehealth and telemedicine in the absence of a health-care provider-patient relationship. A health-care provider-patient relationship may be established either in-person or through telehealth and telemedicine but must include the following:</p> <ol style="list-style-type: none"> (1) Thorough verification and authentication of the location and, to the extent possible, identity of the patient. (2) Disclosure and validation of the provider's identity and credentials. (3) Receipt of appropriate consent from a patient after disclosure regarding the delivery model and treatment method or limitations, including informed consent regarding the use of telemedicine technologies as required by paragraph (a)(5) of this section. 	

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	<p>(4) Establishment of a diagnosis through the use of acceptable medical practices, such as patient history, mental status examination, physical examination (unless not warranted by the patient's mental condition), and appropriate diagnostic and laboratory testing to establish diagnoses, as well as identification of underlying conditions or contra-indications, or both, for treatment recommended or provided.</p> <p>(5) Discussion with the patient of any diagnosis and supporting evidence as well as risks and benefits of various treatment options.</p> <p>(6) The availability of a distant site provider or other coverage of the patient for appropriate follow-up care.</p> <p>(7) A written visit summary provided to the patient.</p> <p>(b) Health-care services delivered by telehealth and telemedicine may be synchronous or asynchronous using store-and-forward technology. Telehealth and telemedicine services may be used to establish a provider-patient relationship only if the provider determines that the provider is able to meet the same standard of care as if the health-care services were being provided in-person.</p> <p>(c) Treatment and consultation recommendations delivered by telehealth and telemedicine shall be subject to the same standards of appropriate practice as those in traditional (in-person encounter) settings. In the absence of a proper health-care provider-patient relationship, health-care providers are prohibited from issuing prescriptions solely in response to an Internet questionnaire, an Internet consult, or a telephone consult.</p> <p>§ 6004. Practice requirements.</p> <p>(a) A health-care provider using telemedicine and telehealth technologies to deliver health-care services to a patient must, prior to diagnosis and treatment, do at least one of the following:</p> <ol style="list-style-type: none"> (1) Provide an appropriate examination in-person. (2) Require another Delaware-licensed health-care provider be present at the originating site with the patient at the time of the diagnosis. (3) Make a diagnosis using audio or visual communication. (4) Meet the standard of service required by applicable professional societies in guidelines developed for establishing a health-care provider-patient relationship as part of an evidenced-based clinical practice in telemedicine. <p>(b) After a health-care provider-patient relationship is properly established in accordance with this section, subsequent treatment of the same patient by the same health-care provider need not satisfy the limitations of this section.</p> <p>(c) A health-care provider treating a patient through telemedicine and telehealth must maintain complete records of the patient's care and follow all applicable state and federal statutes and regulations for recordkeeping, confidentiality, and disclosure to the patient.</p> <p>(d) Telehealth and telemedicine services shall include, if required by the applicable professional board listed in §6002(a) of this title, use of the Delaware Health Information Network (DHIN) in connection with the practice.</p> <p>(e) Nothing in this section shall be construed to limit the practice of radiology or pathology.</p>	

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	<p>§ 6005. Exceptions.</p> <p>(a) Telehealth and telemedicine may be practiced without a health-care provider-patient relationship during:</p> <ol style="list-style-type: none"> (1) Informal consultation performed by a health-care provider outside the context of a contractual relationship and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation. (2) Furnishing of assistance by a health-care provider in case of an emergency or disaster when circumstances do not permit the establishment of a health-care provider-patient relationship prior to the provision of care if no charge is made for the medical assistance. (3) Episodic consultation by a specialist located in another jurisdiction who provides such consultation services at the request of a licensed health-care professional. (4) Circumstances which make it impractical for a patient to consult with the health-care provider in-person prior to the delivery of telemedicine services. <p>(b) A mental health provider, behavioral health provider, or social worker licensed in another jurisdiction who would be authorized to deliver health-care services by telehealth or telemedicine under this chapter if licensed in this State pursuant to Chapter 30 (Mental Health and Chemical Dependency Professionals), Chapter 35 (Psychologists), or Chapter 38 (Social Workers) of this title may provide treatment to Delaware residents through telehealth and telemedicine services. The Division of Professional Regulation shall require any out-of-state health-care provider practicing in this State pursuant to this section to complete a Medical Request Form and comply with any other registration requirements the Division of Professional Regulation may establish.</p> <p>Regulation: Delaware Administrative Code Title 24, Regulation 2000, 4.0 Telehealth</p> <p>4.1 Telehealth is the use of electronic communications to provide and deliver a host of health-related information and health-care services including occupational therapy services as defined in 24 Del.C. §2002.</p> <p>4.2 The Occupational Therapist and Occupational Therapist Assistant (referred to as "licensee" for the purpose of this regulation) who provides treatment through telehealth shall meet the following requirements:</p> <ol style="list-style-type: none"> 4.2.1 Location of patient during treatment through telehealth <ol style="list-style-type: none"> 4.2.1.1 An occupational therapy practitioner is required to be licensed in Delaware if the practitioner provides occupational therapy services to a client who is in Delaware. 4.2.2 Informed consent <ol style="list-style-type: none"> 4.2.2.1 Before services are provided through telehealth, the licensee shall obtain written, informed consent from the patient, or other appropriate person with authority to make health care treatment decisions for the patient. <ol style="list-style-type: none"> 4.2.2.1.1 The use of electronic communications in the provision of care; 4.2.2.1.2 The potential breach of confidentiality, or inadvertent access, of protected health information using electronic communication in the provision of care. 	

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	<p>4.2.3 Confidentiality. The licensee shall ensure that the electronic communication is secure to maintain confidentiality of the patient's medical information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable Federal and State laws. Confidentiality shall be maintained through appropriate processes, practices and technology, including disposal of electronic equipment and data.</p> <p>4.2.4 Competence and scope of practice</p> <p>4.2.4.1 The licensee shall be responsible for determining and documenting that telehealth is an appropriate level of care for the patient.</p> <p>4.2.4.2 The licensee shall comply with the Board's law and rules and regulations and all current standards of care requirements applicable to onsite care.</p> <p>4.2.4.3 The licensee shall limit the practice of telehealth to the area of competence in which proficiency has been gained through education, training and experience.</p> <p>4.2.4.4 The occupational therapist who screens, evaluates, writes or implements the plan of care is responsible for determining the need for the physical presence of an occupational therapy practitioner during any interactions with clients.</p> <p>4.2.4.5 Subject to the supervision requirements of Board subsection 1.2, the occupational therapist will determine the amount and level of supervision needed during telehealth.</p> <p>4.2.4.6 The licensee shall document in the file or record which services were provided by telehealth.</p>	
District of Columbia		<p>No statute or regulations specific to OT and telehealth.</p> <p>COVID-19 update: Adopted permanent rule authorizing Medicaid to reimburse providers for health services delivered to a patient in their home via telemedicine; Dept. of Health issued Guidance on the Use of Telehealth in the District of Columbia.</p>
Florida	<p>Statute: Florida Statutes 456.47 Use of telehealth to provide services.</p> <p>(1) DEFINITIONS.—As used in this section, the term:</p> <p>(a) "Telehealth" means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.</p> <p>(b) "Telehealth provider" means any individual who provides health care and related services using telehealth and who is licensed or certified under s. 393.17; part III of chapter 401; chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part III, part IV, part V, part X, part XIII, or part XIV of chapter 468;</p>	<p>No OT specific statute or regulation regarding telehealth, but statute does use a definition of telehealth provider that includes occupational therapists. Board reports that licensees in the state with a question about telehealth should contact the Board.</p> <p>COVID-19 update: Out-of-state licensed health care providers can register to provide services to patients</p>

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	<p>chapter 478; chapter 480; part II or part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491; who is licensed under a multi-state health care licensure compact of which Florida is a member state; or who is registered under and complies with subsection (4).</p> <p>(2) PRACTICE STANDARDS.—</p> <p>(a) A telehealth provider has the duty to practice in a manner consistent with his or her scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to patients in this state.</p> <p>(b) A telehealth provider may use telehealth to perform a patient evaluation. If a telehealth provider conducts a patient evaluation sufficient to diagnose and treat the patient, the telehealth provider is not required to research a patient's medical history or conduct a physical examination of the patient before using telehealth to provide health care services to the patient.</p> <p>(c) A telehealth provider may not use telehealth to prescribe a controlled substance unless the controlled substance is prescribed for the following:</p> <ol style="list-style-type: none"> 1. The treatment of a psychiatric disorder; 2. Inpatient treatment at a hospital licensed under chapter 395; 3. The treatment of a patient receiving hospice services as defined in s. 400.601; or 4. The treatment of a resident of a nursing home facility as defined in s. 400.021. <p>(d) A telehealth provider and a patient may be in separate locations when telehealth is used to provide health care services to a patient.</p> <p>(e) A nonphysician telehealth provider using telehealth and acting within his or her relevant scope of practice, as established by Florida law or rule, is not in violation of s. 458.327(1)(a) or s. 459.013(1)(a).</p> <p>(3) RECORDS.—A telehealth provider shall document in the patient's medical record the health care services rendered using telehealth according to the same standard as used for in-person services. Medical records, including video, audio, electronic, or other records generated as a result of providing such services, are confidential pursuant to ss. 395.3025(4) and 100 456.057.</p> <p>(4) REGISTRATION OF OUT-OF-STATE TELEHEALTH PROVIDERS.—</p> <p>(a) A health care professional not licensed in this state may provide health care services to a patient located in this state using telehealth if the health care professional registers with the applicable board, or the department if there is a board, and provides health care services within the applicable scope of practice established by Florida law or rule.</p> <p>(b) The board, or the department if there is no board, shall register a health care professional not licensed in this state as a telehealth provider if the health care professional:</p> <ol style="list-style-type: none"> 1. Completes an application in the format prescribed by the department; 2. Is licensed with an active, unencumbered license that is issued by another state, the District of Columbia, or a possession or territory of the United States and that is substantially similar to a license issued to a Florida-licensed provider specified in paragraph (1)(b); 3. Has not been the subject of disciplinary action relating to his or her license during the 5-year period immediately prior to the submission of the application; 	<p>in Florida; Florida Medicaid expanded telemedicine/telehealth services to include therapy services and early intervention services.</p>

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	<p>4. Designates a duly appointed registered agent for service of process in this state on a form prescribed by the department; and</p> <p>5. Demonstrates to the board, or the department if there is no board, that he or she is in compliance with paragraph (e). The department shall use the National Practitioner Data Bank to verify the information submitted under this paragraph, as applicable.</p> <p>(c) The website of a telehealth provider registered under paragraph (b) must prominently display a hyperlink to the department's website containing information required under paragraph (h).</p> <p>(d) A health care professional may not register under this subsection if his or her license to provide health care services is subject to a pending disciplinary investigation or action, or has been revoked in any state or jurisdiction. A health care professional registered under this subsection must notify the appropriate board, or the department if there is no board, of restrictions placed on his or her license to practice, or any disciplinary action taken or pending against him or her, in any state or jurisdiction. The notification must be provided within 5 business days after the restriction is placed or disciplinary action is initiated or taken.</p> <p>(e) A provider registered under this subsection shall maintain professional liability coverage or financial responsibility, that includes coverage or financial responsibility for telehealth services provided to patients not located in the provider's home state, in an amount equal to or greater than the requirements for a licensed practitioner under s. 456.048, s. 458.320, or s. 459.0085, as applicable.</p> <p>(f) A health care professional registered under this subsection may not open an office in this state and may not provide in-person health care services to patients located in this state.</p> <p>(g) A pharmacist registered under this subsection may only use a pharmacy permitted under chapter 465, a nonresident pharmacy registered under s. 465.0156, or a nonresident pharmacy or outsourcing facility holding an active permit pursuant to s. 465.0158 to dispense medicinal drugs to patients located in this state.</p> <p>(h) The department shall publish on its website a list of all registrants and include, to the extent applicable, each registrant's:</p> <ol style="list-style-type: none"> 1. Name. 2. Health care occupation. 3. Completed health care training and education, including completion dates and any certificates or degrees obtained. 4. Out-of-state health care license with the license number. 5. Florida telehealth provider registration number. 6. Specialty. 7. Board certification. 8. Five-year disciplinary history, including sanctions and board actions. 9. Medical malpractice insurance provider and policy limits, including whether the policy covers claims that arise in this state. 10. The name and address of the registered agent designated for service of process in this state. 	

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	<p>(i) The board, or the department if there is no board, may take disciplinary action against an out-of-state telehealth provider registered under this subsection if the registrant:</p> <ol style="list-style-type: none"> 1. Fails to notify the applicable board, or the department if there is no board, of any adverse actions taken against his or her license as required under paragraph (d). 2. Has restrictions placed on or disciplinary action taken against his or her license in any state or jurisdiction. 3. Violates any of the requirements of this section. 4. Commits any act that constitutes grounds for disciplinary action under s. 456.072(1) or the applicable practice act for Florida-licensed providers. Disciplinary action taken by a board, or the department if there is no board, under this paragraph may include suspension or revocation of the provider's registration or the issuance of a reprimand or letter of concern. A suspension may be accompanied by a corrective action plan as determined by the board, or the department if there is no board, the completion of which may lead to the suspended registration being reinstated according to rules adopted by the board, or the department if there is no board. <p>(5) VENUE.—For the purposes of this section, any act that constitutes the delivery of health care services is deemed to occur at the place where the patient is located at the time the act is performed or in the patient's county of residence. Venue for a civil or administrative action initiated by the department, the appropriate board, or a patient who receives telehealth services from an out-of-state telehealth provider may be located in the patient's county of residence or in Leon County.</p> <p>(6) EXEMPTIONS.—A health care professional who is not licensed to provide health care services in this state but who holds an active license to provide health care services in another state or jurisdiction, and who provides health care services using telehealth to a patient located in this state, is not subject to the registration requirement under this section if the services are provided:</p> <ol style="list-style-type: none"> (a) In response to an emergency medical condition as defined in s. 395.002; or (b) In consultation with a health care professional licensed in this state who has ultimate authority over the diagnosis and care of the patient. <p>(7) RULEMAKING.—The applicable board, or the department if there is no board, may adopt rules to administer this section.</p> <p><u>Board statement:</u> The use of telehealth technology by Florida licensed healthcare practitioners for the purpose of providing patient care within the state of Florida is not precluded by Florida law. Telehealth technologies may be employed for patient care as long as such technologies are used in a manner that is consistent with the standard of care. (published July 18, 2017)</p>	
Georgia	<p><u>Statute: Georgia Statutes §43-28-3, Definitions</u> As used in this chapter, the term:</p> <ol style="list-style-type: none"> (13) "Telehealth" means the application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies by licensed 	<p>COVID-19 update: Governor signed legislation in 2021 that allows for a distant site where a health care provider practices to include the provider's home, allows for the</p>

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	occupational therapy practitioners. This may include, but shall not be limited to, telemedicine, telepractice, telecare, telerehabilitation, and e-health services.	originating site where the patient is located to include the patient's home, workplace or school, amends the definition of telemedicine to include audio-only telephone only when no other means of real-time two-way audio, visual, or other electronic communication is available to the patient, and prohibits an insurer from requiring an in-person consultation before receiving telemedicine services except under certain circumstances.
Hawaii		No statute or regulations specific to OT and telehealth. COVID-19 update: Previous suspension of various laws related to telehealth expired on August 6, 2021.
Idaho	Statute: Idaho Statutes Title 54, Chapter 57 Idaho Telehealth Access Act 54-5703. DEFINITIONS. As used in this chapter: (1) "Asynchronous store and forward transfer" means the transmission of a patient's health care information from an originating site to a provider at a distant site over a secure connection that complies with state and federal security and privacy laws. (2) "Distant site" means the site at which a provider delivering telehealth services is located at the time the service is provided. (3) "Originating site" means the location of a patient at the time telehealth services are provided, including but not limited to a patient's home. (4) "Provider" means a person who is licensed, required to be licensed, or, if located outside of Idaho, would be required to be licensed if located in Idaho, pursuant to title 54, Idaho Code, to deliver health care consistent with his or her license. (5) "Synchronous interaction" means real-time communication through interactive technology that enables a provider and a patient at two (2) locations separated by distance to interact simultaneously through two-way video and audio or audio transmission. (6) "Telehealth services" means health care services provided by a provider to a person through the use of electronic communications, information technology, asynchronous store and forward transfer or synchronous interaction between a provider at a distant site and a patient at an originating site. Such services include, but are not limited to, clinical care, health education, home health and facilitation of self-managed care and caregiver support.	No OT specific statute or regulation regarding telehealth, but statute uses a definition of provider that includes occupational therapists. COVID-19 update: Governor's Executive Order made several temporary waivers of telehealth rules permanent, including adding a patient's home as an originating site; Dept. of Health and Welfare issued guidance on telehealth for OT providers; Dept. of Insurance issued a bulletin that private insurers should expand telehealth access to all in-network providers.

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	<p>54-5704. SCOPE OF PRACTICE. A provider offering telehealth services must at all times act within the scope of the provider's license and according to all applicable laws and rules, including, but not limited to, this chapter and the community standard of care.</p> <p>54-5705. PROVIDER-PATIENT RELATIONSHIP. (1) If a provider offering telehealth services in his or her practice does not have an established provider-patient relationship with a person seeking such services, the provider shall take appropriate steps to establish a provider-patient relationship by use of two-way audio or audio-visual interaction; provided however, that the applicable Idaho community standard of care must be satisfied. Nothing in this section shall prohibit electronic communications:</p> <ul style="list-style-type: none"> (a) Between a provider and a patient with a preexisting provider-patient relationship; (b) Between a provider and another provider concerning a patient with whom the other provider has a provider-patient relationship; (c) Between a provider and a patient where the provider is taking call on behalf of another provider in the same community who has a provider-patient relationship with the patient; or (d) In an emergency. <p>(2) As used in this section, "emergency" means a situation in which there is an occurrence that poses an imminent threat of a life-threatening condition or severe bodily harm.</p> <p>54-5706. EVALUATION AND TREATMENT. Prior to providing treatment, including a prescription drug order, a provider shall obtain and document a patient's relevant clinical history and current symptoms to establish the diagnosis and identify underlying conditions and contraindications to the treatment recommended. Treatment recommendations provided through telehealth services shall be held to the applicable Idaho community standard of care that applies in an in-person setting. Treatment based solely on an online questionnaire does not constitute an acceptable standard of care.</p> <p>54-5708. INFORMED CONSENT. A patient's informed consent for the use of telehealth services shall be obtained as required by any applicable law.</p> <p>54-5709. CONTINUITY OF CARE. A provider of telehealth services shall be available for follow-up care or to provide information to patients who make use of such services.</p> <p>54-5710. REFERRAL TO OTHER SERVICES. A provider shall be familiar with and have access to available medical resources, including emergency resources near the patient's location, in order to make appropriate patient referrals when medically indicated.</p> <p>54-5711. MEDICAL RECORDS. A provider offering telehealth services shall generate and maintain medical records for each patient using telehealth services in compliance with any applicable state and federal laws, rules, and regulations, including the health insurance portability and accountability act (HIPAA), P.L. 104-191 (1996), and the health information technology for economic and clinical health act</p>	

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	<p>(HITECH), P.L. 111-115 (2009). Such records shall be accessible to other providers, if the patient has given permission, and to the patient in accordance with applicable laws, rules, and regulations.</p> <p>54-5712. ENFORCEMENT AND DISCIPLINE. A provider is prohibited from offering telehealth services in his or her practice if the provider is not in full compliance with applicable laws, rules and regulations, including this act and the Idaho community standard of care. State licensing boards shall be authorized to enforce the provisions of this chapter relating to the practice of individuals they license. A provider who fails to comply with applicable laws, rules and regulations is subject to discipline by his or her licensing board.</p> <p>Regulation: Idaho Administrative Code 24.06.01, Rule .042 STANDARDS OF PRACTICE FOR TELEHEALTH</p> <p>01. In making the determination whether an in-person evaluation or intervention are necessary, an occupational therapist shall consider at a minimum:</p> <ul style="list-style-type: none"> a. The complexity of the client's condition; b. His or her own knowledge, skills and abilities; c. The client's context and environment; d. The nature and complexity of the intervention; e. The pragmatic requirements of the practice setting; and f. The capacity and quality of the technological interface. <p>02. Supervision of Occupational Therapy Assistant under 24.06.01.011 for routine and general supervision, can be done through telehealth, but cannot be done when direct or direct line-of-sight is determined by the supervising occupational therapist. The same considerations in (1)(a) through (f) must be considered in determining whether telehealth should be used.</p>	
Illinois	<p>Statute: 225 ILCS 75/2, Sec. 2 Definitions. (Occupational Therapy Practice Act)</p> <p>In this Act:</p> <p>(6) "Occupational therapy" means the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and provide interventions for individuals, groups, and populations who have a disease or disorder, an impairment, an activity limitation, or a participation restriction that interferes with their ability to function independently in their daily life roles, including activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Occupational therapy services are provided for the purpose of habilitation, rehabilitation, and to promote health and wellness. Occupational therapy may be provided via technology or telecommunication methods, also known as telehealth, however the standard of care shall be the same whether a patient is seen in person, through telehealth, or other method of electronically enabled health care. Occupational therapy practice may include any of the following:</p> <ul style="list-style-type: none"> (a) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes; (b) modification or adaptation of task, process, or the environment or the teaching of compensatory techniques in order to enhance performance; (c) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and 	<p>COVID-19 update: Governor signed legislation that updated the state's Telehealth Act and amended the state's insurance law to prohibit an insurer from requiring an in-person visit before the provision of telehealth services and that a health care professional be physically present at the originating site unless deemed medically necessary; to require that co-pays, deductibles, or coinsurance for telehealth services not exceed the same for in-person services; to require equal reimbursement for in-person services and telehealth services until January 1, 2028. The law also allows</p>

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	<p>(d) health and wellness promotion strategies, including self-management strategies, and practices that enhance performance abilities.</p> <p>The licensed occupational therapist or licensed occupational therapy assistant may assume a variety of roles in his or her career including, but not limited to, practitioner, supervisor of professional students and volunteers, researcher, scholar, consultant, administrator, faculty, clinical instructor, fieldwork educator, and educator of consumers, peers, and family.</p> <p>Statute: 225 ILCS 150/ (Telehealth Act) Section 5 Definitions. As used in this Act:</p> <p>"Asynchronous store and forward system" means the transmission of a patient's medical information through an electronic communications system at an originating site to a health care professional or facility at a distant site that does not require real-time or synchronous interaction between the health care professional and the patient.</p> <p>"Distant site" means the location at which the health care professional rendering the telehealth service is located.</p> <p>"Established patient" means a patient with a relationship with a health care professional in which there has been an exchange of an individual's protected health information for the purpose of providing patient care, treatment, or services.</p> <p>"E-visit" means a patient-initiated non-face-to-face communication through an online patient portal between an established patient and a health care professional.</p> <p>"Facility" includes a facility that is owned or operated by a hospital under the Hospital Licensing Act or University of Illinois Hospital Act, a facility under the Nursing Home Care Act, a rural health clinic, a federally qualified health center, a local health department, a community mental health center, a behavioral health clinic as defined in 89 Ill. Adm. Code 140.453, an encounter rate clinic, a skilled nursing facility, a substance use treatment program licensed by the Division of Substance Use Prevention and Recovery of the Department of Human Services, a school-based health center as defined in 77 Ill. Adm. Code 641.10, a physician's office, a podiatrist's office, a supportive living program provider, a hospice provider, home health agency, or home nursing agency under the Home Health, Home Services, and Home Nursing Agency Licensing Act, a facility under the ID/DD Community Care Act, community-integrated living arrangements as defined in the Community-Integrated Living Arrangements Licensure and Certification Act, and a provider who receives reimbursement for a patient's room and board.</p> <p>"Health care professional" includes, but is not limited to, physicians, physician assistants, optometrists, advanced practice registered nurses, clinical psychologists licensed in Illinois, prescribing psychologists licensed in Illinois, dentists, occupational therapists, pharmacists, physical therapists, clinical social workers, speech-language pathologists, audiologists, hearing instrument dispensers, licensed certified</p>	<p>OTs to provide early intervention services via telehealth.</p>

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	<p>substance use disorder treatment providers and clinicians, and mental health professionals and clinicians authorized by Illinois law to provide mental health services, and qualified providers listed under paragraph (8) of subsection (e) of Section 3 of the Early Intervention Services System Act, dietitian nutritionists licensed in Illinois, and health care professionals associated with a facility.</p> <p>"Interactive telecommunications system" means an audio and video system, an audio-only telephone system (landline or cellular), or any other telecommunications system permitting 2-way, synchronous interactive communication between a patient at an originating site and a health care professional or facility at a distant site. "Interactive telecommunications system" does not include a facsimile machine, electronic mail messaging, or text messaging.</p> <p>"Originating site" means the location at which the patient is located at the time telehealth services are provided to the patient via telehealth.</p> <p>"Remote patient monitoring" means the use of connected digital technologies or mobile medical devices to collect medical and other health data from a patient at one location and electronically transmit that data to a health care professional or facility at a different location for collection and interpretation.</p> <p>"Telehealth services" means the evaluation, diagnosis, or interpretation of electronically transmitted patient-specific data between a remote location and a licensed health care professional that generates interaction or treatment recommendations. "Telehealth services" includes telemedicine and the delivery of health care services, including mental health treatment and substance use disorder treatment and services to a patient, regardless of patient location, provided by way of an interactive telecommunications system, asynchronous store and forward system, remote patient monitoring technologies, e-visits, or virtual check-ins.</p> <p>"Virtual check-in" means a brief patient-initiated communication using a technology-based service, excluding facsimile, between an established patient and a health care professional. "Virtual check-in" does not include communications from a related office visit provided within the previous 7 days, nor communications that lead to an office visit or procedure within the next 24 hours or soonest available appointment.</p> <p>Section 10. Practice authority. A health care professional treating a patient located in this State through telehealth services must be licensed or authorized to practice in Illinois.</p> <p>Section 15. Use of telehealth services.</p> <p>(a) A health care professional may engage in the practice of telehealth services in Illinois to the extent of his or her scope of practice as established in his or her respective licensing Act consistent with the standards of care for in-person services. This Act shall not be construed to alter the scope of practice of any health care professional or authorize the delivery of health care services in a setting or in a manner not otherwise authorized by the laws of this State.</p>	

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	(b) Telehealth services provided pursuant to this Section shall be consistent with all federal and State privacy, security, and confidentiality laws, rules, or regulations.	
Indiana	<p>Statute: Indiana Code 25-1-9.5 Telemedicine Services and Prescriptions IC 25-1-9.5-2 “Distant Site”. As used in this chapter, “distant site” means a site at which a practitioner is located while providing health care services through telehealth.</p> <p>IC 25-1-9.5-2.5 “Health care services”. As used in this chapter, “health care services” includes the following:</p> <ol style="list-style-type: none"> (1) Assessment, diagnosis, evaluation, consultation, treatment, and monitoring of a patient. (2) Transfer of medical data. (3) Patient health related education. (4) Health administration. <p>IC 25-1-9.5-3.5 “Practitioner”. As used in this chapter, “practitioner” means an individual who holds an unlimited license to practice as any of the following in Indiana:</p> <ol style="list-style-type: none"> (1) An athletic trainer licensed under IC 25-5.1. (2) A chiropractor licensed under IC 25-10. (3) A dental hygienist licensed under IC 25-13. (4) The following: <ol style="list-style-type: none"> (A) A dentist licensed under IC 25-14. (B) An individual who holds a dental residency permit issued under IC 25-14-1-5. (C) An individual who holds a dental faculty license under IC 25-14-1-5.5. (5) A diabetes educator licensed under IC 25-14.3. (6) A dietitian licensed under IC 25-14.5. (7) A genetic counselor licensed under IC 25-17.3. (8) The following: <ol style="list-style-type: none"> (A) A physician licensed under IC 25-22.5. (B) An individual who holds a temporary permit under IC 25-22.5-5-4. (9) A nurse licensed under IC 25-23. (10) An occupational therapist licensed under IC 25-23.5. (11) Any behavioral health and human services professional licensed under IC 25-23.6. (12) An optometrist licensed under IC 25-24. (13) A pharmacist licensed under IC 25-26. (14) A physical therapist licensed under IC 25-27. (15) A physician assistant licensed under IC 25-27.5. (16) A podiatrist licensed under IC 25-29. (17) A psychologist licensed under IC 25-33. (18) A respiratory care practitioner licensed under IC 25-34.5. 	<p>COVID-19 update: In 2021, the Governor signed legislation that prohibits Medicaid from specifying originating sites and distant sites for purposes of reimbursement, amends the definition of telehealth to include communication via telephone, amends the definition of health care services to include assessment, diagnosis, evaluation, consultation, treatment, and patient monitoring, and expands the health care providers who can provide services via telehealth to include OTs.</p>

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	<p>(19) A speech-language pathologist or audiologist licensed under IC 25-35.6. (20) A veterinarian licensed under IC 25-38.1. (21) A behavior analyst licensed under IC 25-8.5.</p> <p>IC 25-1-9.5-6 “Telehealth”. (a) As used in this chapter, "telehealth" means the delivery of health care services using interactive electronic communications and information technology, in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), including: (1) secure videoconferencing; (2) store and forward technology; or (3) remote patient monitoring technology; between a provider in one (1) location and a patient in another location. (b) The term does not include the use of the following unless the practitioner has an established relationship with the patient: (1) Electronic mail. (2) An instant messaging conversation. (3) Facsimile. (4) Internet questionnaire. (5) Internet consultation. (c) The term does not include a health care service provided by: (1) an employee of a practitioner; or (2) an individual who is employed by the same entity that employs the practitioner; who is performing a health care service listed in section 2.5(2), 2.5(3), or 2.5(4) of this chapter under the direction and that is customarily within the specific area of practice of the practitioner.</p> <p>IC 25-1-9.5-7 Standards for providing telehealth; maintenance of medical records; waiver of confidentiality, prohibition on requiring employee to use telehealth. (a) A practitioner who: (1) provides health care services through telehealth; or (2) directs an employee of the practitioner to perform a health care service listed in section 2.5(2), 2.5(3), or 2.5(4) of this chapter; shall be held to the same standards of appropriate practice as those standards for health care services provided at an in-person setting. (b) A practitioner who uses telehealth shall, if such action would otherwise be required in the provision of the same health care services in a manner other than telehealth, ensure that a proper provider-patient relationship is established. The provider-patient relationship by a practitioner who uses telehealth must at a minimum include the following: (1) Obtain the patient's name and contact information and: (A) a verbal statement or other data from the patient identifying the patient's location; and (B) to the extent reasonably possible, the identity of the requesting patient.</p>	

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	<p>(2) Disclose the practitioner's name and disclose the practitioner's licensure, certification, or registration.</p> <p>(3) Obtain informed consent from the patient.</p> <p>(4) Obtain the patient's medical history and other information necessary to establish a diagnosis.</p> <p>(5) Discuss with the patient the:</p> <ul style="list-style-type: none"> (A) diagnosis; (B) evidence for the diagnosis; and (C) risks and benefits of various treatment options, including when it is advisable to seek in-person care. <p>(6) Create and maintain a medical record for the patient. If a prescription is issued for the patient, and subject to the consent of the patient, the prescriber shall notify the patient's primary care provider of any prescriptions the prescriber has issued for the patient if the primary care provider's contact information is provided by the patient. The requirements in this subdivision do not apply when any of the following are met:</p> <ul style="list-style-type: none"> (A) The practitioner is using an electronic health record system that the patient's primary care provider is authorized to access. (B) The practitioner has established an ongoing provider-patient relationship with the patient by providing care to the patient at least two (2) consecutive times through the use of telehealth services. If the conditions of this clause are met, the practitioner shall maintain a medical record for the patient and shall notify the patient's primary care provider of any issued prescriptions. <p>(7) Issue proper instructions for appropriate follow-up care.</p> <p>(8) Provide a telehealth visit summary to the patient, including information that indicates any prescription that is being prescribed.</p> <p>(c) The medical records under subsection (b)(6) must be created and maintained by the practitioner under the same standards of appropriate practice for medical records for patients in an in-person setting.</p> <p>(d) A patient waives confidentiality of any medical information discussed with the practitioner that is:</p> <ul style="list-style-type: none"> (1) provided during a telehealth visit; and (2) heard by another individual in the vicinity of the patient during a health care service or consultation. <p>(e) An employer may not require a practitioner, by an employment contract, an agreement, a policy, or any other means, to provide a health care service through telehealth if the practitioner believes that providing a health care service through telehealth would:</p> <ul style="list-style-type: none"> (1) negatively impact the patient's health; or (2) result in a lower standard of care than if the health care service was provided in an in-person setting. <p>(f) Any applicable contract, employment agreement, or policy to provide telehealth services must explicitly provide that a practitioner may refuse at any time to provide health care services if in the practitioner's sole discretion the practitioner believes:</p> <ul style="list-style-type: none"> (1) that health quality may be negatively impacted; or 	

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	<p>(2) the practitioner would be unable to provide the same standards of appropriate practice as those provided in an in-person setting.</p> <p>IC 25-1-9.5-9 Physically located outside Indiana and providing health care; certification; renewal. (a) A practitioner who is physically located outside Indiana is engaged in the provision of health care services in Indiana when the practitioner: (1) establishes a provider-patient relationship under this chapter with; or (2) determines whether to issue a prescription under this chapter for; an individual who is located in Indiana. (b) A practitioner described in subsection (a) may not establish a provider-patient relationship under this chapter with or issue a prescription under this chapter for an individual who is located in Indiana unless the practitioner and the practitioner's employer or the practitioner's contractor, for purposes of providing health care services under this chapter, have certified in writing to the Indiana professional licensing agency, in a manner specified by the Indiana professional licensing agency, that the practitioner and the practitioner's employer or practitioner's contractor agree to be subject to: (1) the jurisdiction of the courts of law of Indiana; and (2) Indiana substantive and procedural laws; concerning any claim asserted against the practitioner, the practitioner's employer, or the practitioner's contractor arising from the provision of health care services under this chapter to an individual who is located in Indiana at the time the health care services were provided. The filing of the certification under this subsection shall constitute a voluntary waiver by the practitioner, the practitioner's employer, or the practitioner's contractor of any respective right to avail themselves of the jurisdiction or laws other than those specified in this subsection concerning the claim. However, a practitioner that practices predominately in Indiana is not required to file the certification required by this subsection. (c) A practitioner shall renew the certification required under subsection (b) at the time the practitioner renews the practitioner's license. (d) A practitioner's employer or a practitioner's contractor is required to file the certification required by this section only at the time of initial certification.</p>	
Iowa	<p>Regulation: Iowa Administrative Code Title 645, Chapter 208, Section 3 Telehealth visits. A licensee may provide occupational therapy services to a patient utilizing a telehealth visit if the occupational therapy services are provided in accordance with all requirements of this chapter.</p> <p>208.3(1) "Telehealth visit" means the provision of occupational therapy services by a licensee to a patient using technology where the licensee and the patient are not at the same physical location for the occupational therapy session.</p> <p>208.3(2) A licensee engaged in a telehealth visit shall utilize technology that is secure and HIPAA-compliant and that includes, at a minimum, audio and video equipment that allows two-way real-time interactive communication between the licensee and the patient. A licensee may use non-real-time technologies to prepare for an occupational therapy session or to communicate with a</p>	<p>COVID-19 update: Previously issued Executive Orders related to telehealth expired on June 30, 2021. DHS reports that expanded telehealth services are in effect through at least 60 days after the public health emergency declaration is lifted.</p>

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	<p>patient between occupational therapy sessions.</p> <p>208.3(3) A licensee engaged in a telehealth visit shall be held to the same standard of care as a licensee who provides in-person occupational therapy. A licensee shall not utilize a telehealth visit if the standard of care for the particular occupational therapy services cannot be met using technology.</p> <p>208.3(4) Any occupational therapist or occupational therapist assistant who provides an occupational therapy telehealth visit to a patient located in Iowa shall be licensed in Iowa.</p> <p>208.3(5) Prior to the first telehealth visit, a licensee shall obtain informed consent from the patient specific to the occupational therapy services that will be provided in a telehealth visit. At a minimum, the informed consent shall specifically inform the patient of the following:</p> <ul style="list-style-type: none"> a. The risks and limitations of the use of technology to provide occupational therapy services; b. The potential for unauthorized access to protected health information; and c. The potential for disruption of technology during a telehealth visit. <p>208.3(6) A licensee shall only provide occupational therapy services using a telehealth visit in the areas of competence wherein proficiency in providing the particular service using technology has been gained through education, training, and experience.</p> <p>208.3(7) A licensee shall identify in the clinical record when occupational therapy services are provided utilizing a telehealth visit.</p>	
Kansas	<p>Statute: Kansas Statutes Chapter 40, Article 2, Insurance General Provisions 40-2,211</p> <p>(a) For purposes of Kansas telemedicine act:</p> <ul style="list-style-type: none"> (1) "Distant site" means a site at which a healthcare provider is located while providing healthcare services by means of telemedicine. (2) "Healthcare provider" means a physician, licensed physician assistant, licensed advanced practice registered nurse or person licensed, registered, certified or otherwise authorized to practice by the behavioral sciences regulatory board. (3) "Originating site" means a site at which a patient is located at the time healthcare services are provided by means of telemedicine. (4) "Physician" means a person licensed to practice medicine and surgery by the state board of healing arts. (5) "Telemedicine," including "telehealth," means the delivery of healthcare services or consultations while the patient is at an originating site and the healthcare provider is at a distant site. Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support healthcare delivery, that facilitate the assessment, 	<p>No regulations specific to OT and telehealth. Board reports that it permits the remote delivery of healthcare services, but must follow same practice as when providing in-person OT services.</p> <p>COVID-19 update: Medicaid expanded the billable telemedicine services to include therapy services during the State of Emergency. Kansas' state of emergency ended June 15, but exceptions granted in the policy are in place until rescinded.</p>

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	<p>diagnosis, consultation, treatment, education and care management of a patient's healthcare. "Telemedicine" does not include communication between: (A) Healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or (B) a physician and a patient that consists solely of an email or facsimile transmission.</p> <p>40-2,212 (a) The same requirements for patient privacy and confidentiality under the health insurance portability and accountability act of 1996 and 42 C.F.R. § 2.13, as applicable, that apply to healthcare services delivered via in-person contact shall also apply to healthcare services delivered via telemedicine. Nothing in this section shall supersede the provisions of any state law relating to the confidentiality, privacy, security or privileged status of protected health information. (b) Telemedicine may be used to establish a valid provider-patient relationship. (c) The same standards of practice and conduct that apply to healthcare services delivered via in-person contact shall also apply to healthcare services delivered via telemedicine. (d) (1) A person authorized by law to provide and who provides telemedicine services to a patient shall provide the patient with guidance on appropriate follow-up care. (2) (A) Except when otherwise prohibited by any other provision of law, when the patient consents and the patient has a primary care or other treating physician, the person providing telemedicine services shall send within three business days a report to such primary care or other treating physician of the treatment and services rendered to the patient in the telemedicine encounter. (B) A person licensed, registered, certified or otherwise authorized to practice by the behavioral sciences regulatory board shall not be required to comply with the provisions of subparagraph (A).</p> <p>40-2,213 (a) The provisions of this section shall apply to any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization that provides coverage for accident and health services and that is delivered, issued for delivery, amended or renewed on or after January 1, 2019. The provisions of this section shall also apply to the Kansas medical assistance program. (b) No individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, health maintenance organization or the Kansas medical assistance program shall exclude an otherwise covered healthcare service from coverage solely because such service is provided through telemedicine, rather than in-person contact, or based upon the lack of a commercial office for the practice of medicine, when such service is delivered by a healthcare provider.</p>	

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	<p>(c) The insured's medical record shall serve to satisfy all documentation for the reimbursement of all telemedicine healthcare services, and no additional documentation outside of the medical record shall be required.</p> <p>(d) Payment or reimbursement of covered healthcare services delivered through telemedicine may be established by an insurance company, nonprofit health service corporation, nonprofit medical and hospital service corporation or health maintenance organization in the same manner as payment or reimbursement for covered services that are delivered via in-person contact are [is] established.</p> <p>(e) Nothing in this section shall be construed to:</p> <ul style="list-style-type: none"> (1) Prohibit an individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization that provides coverage for telemedicine or the Kansas medical assistance program from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered individual's health benefits plan; (2) mandate coverage for a healthcare service delivered via telemedicine if such healthcare service is not already a covered healthcare service, when delivered by a healthcare provider subject to the terms and conditions of the covered individual's health benefits plan; or (3) allow an individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization that provides coverage for telemedicine or the Kansas medical assistance program to require a covered individual to use telemedicine or in lieu of receiving an in-person healthcare service or consultation from an in-network provider. <p>(f) The provisions of K.S.A. 40-2248 and 40-2249a, and amendments thereto, shall not apply to this section.</p> <p>40-2,215 Nothing in the Kansas telemedicine act shall be construed to authorize the delivery of any abortion procedure via telemedicine.</p> <p>40-2,216 If any provision of the Kansas telemedicine act, or the application thereof to any person or circumstance, is held invalid or unconstitutional by court order, then the remainder of the Kansas telemedicine act and the application of such provision to other persons or circumstances shall not be affected thereby and it shall be conclusively presumed that the legislature would have enacted the remainder of the Kansas telemedicine act without such invalid or unconstitutional provision, except that the provisions of K.S.A. 2018 Supp. 40-2,215, and amendments thereto, are expressly declared to be nonseverable.</p> <p>Regulation: Kansas Administrative Rules Title 100, Article 77 K.A.R. 100-77-2. Telemedicine deemed rendered at location of patient. For the purposes of this article of the board's regulations, the delivery of healthcare services shall be deemed to occur at the originating site.</p>	

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	<p>K.A.R. 100-77-3. Prescribing drugs by means of telemedicine. The same laws and regulations that apply to a healthcare provider prescribing drugs, including controlled substances, by means of in-person contact with a patient shall apply to prescribing drugs, including controlled substances, by means of telemedicine.</p>	
Kentucky	<p>Statute: Kentucky Revised Statutes 319A.300, Duty of treating occupational therapist utilizing telehealth to ensure patient's informed consent and maintain confidentiality -- Board to promulgate administrative regulations -- Definition of "telehealth".</p> <p>(1) A treating occupational therapist who provides or facilitates the use of telehealth shall ensure:</p> <ul style="list-style-type: none"> (a) That the informed consent of the patient, or another appropriate person with authority to make the health care treatment decision for the patient, is obtained before services are provided through telehealth; and (b) That the confidentiality of the patient's medical information is maintained as required by this chapter and other applicable law. At a minimum, confidentiality shall be maintained through appropriate processes, practices, and technology as designated by the board and that conform to applicable federal law. <p>(2) The board shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section and as necessary to:</p> <ul style="list-style-type: none"> (a) Prevent abuse and fraud through the use of telehealth services; (b) Prevent fee-splitting through the use of telehealth services; and (c) Utilize telehealth in the provision of occupational therapy services and in the provision of continuing education. <p>(3) For purposes of this section, "telehealth" means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of health or medical data, and continuing education.</p> <p>Regulation: Kentucky Administrative Regulations 201 KAR 28:235</p> <p>Section 1. Definitions.</p> <ul style="list-style-type: none"> (1) "Client" means the person receiving the services of the occupational therapist. (2) "Telehealth is defined by KRS 319A.300(3). (3) "Telehealth occupational therapy" means the practice of occupational therapy as defined by KRS 319A.010(2), between the occupational therapist or occupational therapist assistant and the patient that is provided using: <ul style="list-style-type: none"> (a) An electronic communication technology; or (b) Two (2) way, interactive, simultaneous audio and video. <p>Section 2. Client Requirements. A credential holder using telehealth to deliver occupational therapy services shall, upon initial contact with the client:</p> <ul style="list-style-type: none"> (1) Make attempts to verify the identity of the client; (2) Obtain alternative means of contacting the client other than electronically such as by the use of a telephone number or mailing address; 	<p>COVID-19 update: In 2020, Governor signed legislation making some telehealth measures implemented during the pandemic permanent and requiring reimbursement rates for telehealth to be equivalent to those for the same services provided in-person. In 2021, the Governor also signed legislation authorizing a health care provider who establishes a patient-provider relationship to remotely provide health care services through the use of telehealth.</p>

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	<p>(3) Provide to the client alternative means of contacting the credential holder other than electronically such as by the use of a telephone number or mailing address;</p> <p>(4) Provide contact methods of alternative communication the credential holder shall use for emergency purposes such as an emergency on call telephone number;</p> <p>(5) Document if the client has the necessary knowledge and skills to benefit from the type of telehealth provided by the credential holder;</p> <p>(6) Use secure communications with clients, including encrypted text messages via e-mail or secure Web sites, and not use personal identifying information in non-secure communications and;</p> <p>(7) Inform the client in writing about:</p> <ul style="list-style-type: none"> (a) The limitations of using technology in the provision of telehealth occupational therapy services; (b) Potential risks to confidentiality of information, or inadvertent access of protected health information, due to technology in the provision of telehealth occupational therapy services; (c) Potential risks of disruption in the use of telehealth occupational therapy services; (d) When and how the credential holder will respond to routine electronic messages; (e) In what circumstances the credential holder will use alternative communications for emergency purposes; (f) Who else may have access to client communications with the credential holder; (g) How communications can be directed to a specific credential holder; (h) How the credential holder stores electronic communications from the client; and (i) How the credential holder may elect to discontinue the provision of services through telehealth. <p>Section 3. Competence, Limits on Practice, Maintenance, and Retention of Records. A credential holder using telehealth to deliver occupational therapy services or who practices telehealth occupational therapy shall:</p> <ul style="list-style-type: none"> (1) Limit the practice of telehealth occupational therapy to the area of competence in which proficiency has been gained through education, training, and experience; (2) Maintain current competency in the practice of telehealth occupational therapy through continuing education, consultation, or other procedures, in conformance with current standards of scientific and professional knowledge; (3) Document the client's presenting problem, purpose, or diagnosis; (4) Follow the record-keeping requirements of 201 KAR 28:140; and (5) Ensure that confidential communications obtained and stored electronically shall not be recovered and accessed by unauthorized persons when the credential holder disposes of electronic equipment and data. <p>Section 4. Compliance with Federal, State, and Local Law. A credential holder using telehealth to deliver occupational therapy services or who practices telehealth occupational therapy shall comply with:</p> <ul style="list-style-type: none"> (1) State law where the credential holder is credentialed and be licensed to practice occupational 	

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	<p>therapy where the client is domiciled or adhere to standards set forth in 201 KAR 28:030; and (2) Section 508 of the Rehabilitation Act, 29 U.S.C. 794(d), to make technology accessible to a client with disabilities.</p> <p>Section 5. Representation of Services and Code of Conduct. (1) A credential holder using telehealth to deliver occupational therapy services or who practices telehealth occupational therapy shall: (a) Not by or on behalf of the credential holder engage in false, misleading, or deceptive advertising of telehealth occupational therapy; (b) Comply with 201 KAR 28:140; and (c) Not allow fee-splitting through the use of telehealth occupational therapy services. (2) Occupational therapy continuing competence educational processes established in 201 KAR 28:200, Section 3(1), (2), (3), (5), (8), and (11), may occur through telehealth services.</p>	
Louisiana	<p>Statute: Title 40, Chapter 5-D Subchapter D, Part VII, §122 Louisiana Telehealth Access Act §1223.3. Definitions (1) "Asynchronous store and forward transfer" means the transmission of a patient's medical information from an originating site to the provider at the distant site without the patient being present. (2) "Distant site" means the site at which the healthcare provider delivering the service is located at the time the service is provided via a telecommunications system. (3) "Healthcare provider" means a person, partnership, limited liability partnership, limited liability company, corporation, facility, or institution licensed or certified by this state to provide healthcare or professional services as a physician assistant, hospital, nursing home, dentist, registered nurse, advanced practice registered nurse, licensed dietitian or nutritionist, licensed practical nurse, certified nurse assistant, offshore health service provider, ambulance service, licensed midwife, pharmacist, speech-language pathologist, audiologist, optometrist, podiatrist, chiropractor, physical therapist, occupational therapist, certified or licensed athletic trainer, psychologist, medical psychologist, social worker, licensed professional counselor, licensed perfusionist, licensed respiratory therapist, licensed radiologic technologist, or licensed clinical laboratory scientist. (4) "Originating site" means the location of the patient at the time the service is furnished via a telecommunications system or when the asynchronous store and forward transfer occurs. (5) "Synchronous interaction" means communication through interactive technology that enables a healthcare provider and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously. The healthcare provider may utilize interactive audio without the requirement of video if, after access and review of the patient's medical records, the provider determines that he is able to meet the same standard of care as if the healthcare services were provided in person. (6) "Telehealth" means a mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from healthcare providers. Telehealth allows services to be accessed when providers are in a distant site and patients are in the originating site.</p>	<p>No OT specific statute or regulation regarding telehealth, but a telehealth specific statute uses a definition of healthcare provider that includes occupational therapists.</p> <p>COVID-19 update: The provision in the Governor's previously-issued proclamation requiring licensing boards to promulgate rules necessary to promote telehealth and requiring that services provided via telehealth be within the scope of practice and meet the standard of care expired; Medicaid authorized temporary coverage of certain services provided via interactive communications system; Commissioner of Insurance announced the intent to adopt permanent rules limiting restrictions on coverage of telehealth services.</p>

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	<p>Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.</p> <p>§1223.4. Telehealth; rulemaking required</p> <p>A. Each state agency or professional or occupational licensing board or commission that regulates the practice of a healthcare provider, as defined in this Part, may promulgate, in accordance with the Administrative Procedure Act, any rules necessary to provide for, promote, and regulate the use of telehealth in the delivery of healthcare services within the scope of practice regulated by the licensing entity. However, any rules and regulations shall be consistent with and no more restrictive than the provisions contained in this Section.</p> <p>B. The rules shall, at a minimum, provide for all of the following:</p> <ul style="list-style-type: none"> (1) Application of all laws regarding the confidentiality of healthcare information and the patient's rights to the patient's medical information created during telehealth interactions. (2) Application of the same standard of care by a healthcare provider as if the healthcare services were provided in person. (3) <ul style="list-style-type: none"> (a) Licensing or registration of out-of-state healthcare providers who seek to furnish healthcare services via telehealth to persons at originating sites in Louisiana. The rules shall ensure that any such healthcare provider possesses, at a minimum, an unrestricted and unencumbered license in good standing to perform the healthcare service in the state in which the healthcare provider is located, and that the license is comparable to its corresponding license in Louisiana as determined by the respective Louisiana licensing agency, board, or commission. (b) Each state agency and professional or occupational licensing board or commission is authorized to provide by rule for a reasonable fee for the license or registration provided for in this Subsection. (4) Exemption from the telehealth license or registration required by this Subsection for the consultation of a healthcare professional licensed by this state with an out-of-state peer professional. <p>C. Nothing in this Part shall be construed to authorize a state agency or professional or occupational licensing board or commission to expand, diminish, or alter the scope of practice of any healthcare provider.</p>	
Maine	<p>Statute: 32 MRSA §2287 – Telehealth services</p> <p>1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.</p> <p>A. "Asynchronous encounter" means an interaction between a patient and a person licensed under this chapter through a system that has the ability to store digital information, including, but not limited to, still images, video files, audio files, text files and other relevant data, and to transmit such information without requiring the simultaneous presence of the patient and the person licensed under this chapter.</p>	<p>COVID-19 update: Governor signed legislation June, 2021 authorizing health care licensees to provide services via telehealth, provided doing so is in with their profession's scope of practice and defining telehealth as including synchronous and asynchronous services.</p>

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	<p>B. "Store and forward transfer" means the transmission of a patient's records through a secure electronic system to a person licensed under this chapter.</p> <p>C. "Synchronous encounter" means a real-time interaction conducted with an interactive audio or video connection between a patient and a person licensed under this chapter or between a person licensed under this chapter and another health care provider.</p> <p>D. "Telehealth services" means health care services delivered through the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring.</p> <p>E. "Telemonitoring" means the use of information technology to remotely monitor a patient's health status via electronic means, allowing the person licensed under this chapter to track the patient's health data over time. Telemonitoring may be synchronous or asynchronous.</p> <p>2. Telehealth services permitted. A person licensed under this chapter may provide telehealth services as long as the licensee acts within the scope of practice of the licensee's license, in accordance with any requirements and restrictions imposed by this section and in accordance with standards of practice.</p> <p>3. Confidentiality. When providing telehealth services, a person licensed under this chapter shall comply with all state and federal confidentiality and privacy laws.</p> <p>4. Professional responsibility. All laws and rules governing professional responsibility, unprofessional conduct and generally accepted standards of practice that apply to a person licensed under this chapter also apply to that licensee while providing telehealth services.</p> <p>5. Rulemaking. The board shall adopt rules governing telehealth services by persons licensed under this chapter. These rules must establish standards of practice and appropriate restrictions for the various types and forms of telehealth services. Rules adopted pursuant to this subsection are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A.</p>	
Maryland	<p>Board Statement: POSITION STATEMENT -- TELEHEALTH OT AND OTA AUTHORITY TO USE As defined by the American Occupational Therapy Association (AOTA), Telehealth Position Paper (Revised 2013): AOTA defines telehealth as the application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies. Telehealth services can be synchronous, delivered through interactive technologies in real time, asynchronous, using store-and-forward technologies. Occupational therapy practitioners can use telehealth as a mechanism to provide services at a location that is physically distant from the client, thus allowing for services to occur where the client lives, works, and plays, if that is needed or desired (AOTA 2010a).</p> <p>Occupational therapy practitioners are using telehealth as a service delivery model to assist clients to develop skills, incorporate assistive technology and adaptive techniques, modify work, home, or school environments, and create health-promoting habits and routines. Potential benefits of telehealth as a service delivery model within occupational therapy include increased accessibility of services to clients who live in remote or underserved areas, improved access to providers and specialists otherwise unavailable to clients, prevention of unnecessary delays in receiving care and decreased isolation for practitioners through distance learning, consultation and research among others.</p>	<p>COVID-19 update: State of emergency expired on July 1, 2021 and most of the Governor's COVID-19 Executive Orders have expired. Contact the Maryland OT licensing board directly for questions about telehealth.</p>

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	<p>In general, the use of telehealth technologies to conduct evaluations depends on real-time two-way or multipoint observation, communication, and interaction between the practitioner and the client.</p> <p>Clinical reasoning guides the selection and application of appropriate telehealth technologies necessary to evaluate client needs and environmental factors. Reliability of telehealth technologies for providing safe and effective occupational therapy services is one important factor when deciding to use a telehealth service delivery model for assessing the client's ability to engage in specific occupations and activities and for administering specific assessments. In addition, occupational therapy practitioners should consider reliability of the particular assessment when considering using it to conduct an evaluation remotely using telehealth technologies.</p> <p>The Maryland Board of Occupational Therapy has experienced an increase in the number of questions from practitioners on whether the Maryland Board of Occupational Therapy Practice permits the use of telehealth.</p> <p>The intent of this position statement is to acknowledge the "intra-State" use of telehealth by Maryland licensees practicing occupational therapy within the State of Maryland and to clarify that:</p> <p>(1) Occupational therapy personnel must hold a valid Maryland license prior to providing occupational therapy services via telehealth to clients physically located in Maryland; and,</p> <p>(2) The practice of occupational therapy, via telehealth or otherwise, in the State of Maryland must be in accordance with the Annotated Code of Maryland, Health Occupations Article, Title 10, and The Code of Maryland Regulations (COMAR), 10.46.01 – 10.46.07.</p>	
Massachusetts		<p>No statute or regulations specific to OT and telehealth.</p> <p>COVID-19 update: Governor signed legislation making permanent the telehealth expansion established in a previously-issued Emergency Order (now rescinded).</p>
Michigan	<p>Statute: Michigan Compiled Laws, Public Health Code Sections 333.16283 – 16288 333.16283 Definitions. As used in this section and sections 16284 to 16288:</p> <p>(a) "Health professional" means an individual who is engaging in the practice of a health profession.</p> <p>(b) "Prescriber" means that term as defined in section 17708.</p>	<p>No statute or regulations specific to OT and telehealth, but statute uses a definition that include occupational therapy practitioners.</p> <p>COVID-19 update: Governor signed several pieces of legislation related to</p>

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	<p>(c) "Telehealth" means the use of electronic information and telecommunication technologies to support or promote long-distance clinical health care, patient and professional health-related education, public health, or health administration. Telehealth may include, but is not limited to, telemedicine. As used in this subdivision, "telemedicine" means that term as defined in section 3476 of the insurance code of 1956, 1956 PA 218, MCL 500.3476.</p> <p>(d) "Telehealth service" means a health care service that is provided through telehealth.</p> <p>333.16284 Telehealth service; consent required; exception. Except as otherwise provided in this section, a health professional shall not provide a telehealth service without directly or indirectly obtaining consent for treatment. This section does not apply to a health professional who is providing a telehealth service to an inmate who is under the jurisdiction of the department of corrections and is housed in a correctional facility.</p> <p>333.16285 Telehealth service; prescribing patient with drug; conditions; requirements. (1) A health professional who is providing a telehealth service to a patient may prescribe the patient a drug if both of the following are met:</p> <ul style="list-style-type: none"> (a) The health professional is a prescriber who is acting within the scope of his or her practice in prescribing the drug. (b) If the health professional is prescribing a drug that is a controlled substance, the health professional meets the requirements of this act applicable to that health professional for prescribing a controlled substance. <p>(2) A health professional who prescribes a drug under subsection (1) shall comply with both of the following:</p> <ul style="list-style-type: none"> (a) If the health professional considers it medically necessary, he or she shall provide the patient with a referral for other health care services that are geographically accessible to the patient, including, but not limited to, emergency services. (b) After providing a telehealth service, the health professional, or a health professional who is acting under the delegation of the delegating health professional, shall make himself or herself available to provide follow-up health care services to the patient or refer the patient to another health professional for follow-up health care services. <p>333.16286 Telehealth service; restrictions or conditions; findings by disciplinary subcommittee. In a manner consistent with this part and in addition to the provisions set forth in this part, a disciplinary subcommittee may place restrictions or conditions on a health professional's ability to provide a telehealth service if the disciplinary subcommittee finds that the health professional has violated section 16284 or 16285.</p> <p>333.16287 Rules. The department, in consultation with a board, shall promulgate rules to implement sections 16284 and 16285.</p>	<p>telehealth that codify previously-issued Executive Orders no longer in effect.</p>

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	<p>333.16288 MCL 333.16284 to 333.16287; limitations. Sections 16284 to 16287 do not do any of the following:</p> <ul style="list-style-type: none"> (a) Require new or additional third party reimbursement for health care services rendered by a health professional through telehealth. (b) Limit the provision of a health care service otherwise allowed by law. (c) Authorize a health care service otherwise prohibited by law. 	
Minnesota	<p>Statute: Minnesota Statutes, Chapter 62A, section 67, Telemedicine Coverage 62A.671 DEFINITIONS.</p> <p>Subd. 2.Distant site. "Distant site" means a site at which a licensed health care provider is located while providing health care services or consultations by means of telemedicine.</p> <p>Subd. 6.Licensed health care provider. "Licensed health care provider" means a health care provider who is:</p> <ul style="list-style-type: none"> (1) licensed under chapter 147, 147A, 148, 148B, 148E, 148F, 150A, or 153; a mental health professional as defined under section 245.462, subdivision 18, or 245.4871, subdivision 27; or vendor of medical care defined in section 256B.02, subdivision 7; and (2) authorized within their respective scope of practice to provide the particular service with no supervision or under general supervision. <p>Subd. 7.Originating site. "Originating site" means a site including, but not limited to, a health care facility at which a patient is located at the time health care services are provided to the patient by means of telemedicine.</p> <p>Subd. 8.Store-and-forward technology. "Store-and-forward technology" means the transmission of a patient's medical information from an originating site to a health care provider at a distant site without the patient being present, or the delivery of telemedicine that does not occur in real time via synchronous transmissions.</p> <p>Subd. 9.Telemedicine. "Telemedicine" means the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. A communication between a licensed health care provider and a patient that consists solely of an e-mail or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.</p>	<p>No statute or regulations specific to OT and telehealth.</p> <p>COVID-19 update: Governor signed legislation regarding coverage for telemedicine services and allowing a patient's home to be an originating site.</p>

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	<p>62A.672 COVERAGE OF TELEMEDICINE SERVICES.</p> <p>Subdivision 1. Coverage of telemedicine. (a) A health plan sold, issued, or renewed by a health carrier for which coverage of benefits begins on or after January 1, 2017, shall include coverage for telemedicine benefits in the same manner as any other benefits covered under the policy, plan, or contract, and shall comply with the regulations of this section.</p> <p>(b) Nothing in this section shall be construed to:</p> <ul style="list-style-type: none"> (1) require a health carrier to provide coverage for services that are not medically necessary; (2) prohibit a health carrier from establishing criteria that a health care provider must meet to demonstrate the safety or efficacy of delivering a particular service via telemedicine for which the health carrier does not already reimburse other health care providers for delivering via telemedicine, so long as the criteria are not unduly burdensome or unreasonable for the particular service; or (3) prevent a health carrier from requiring a health care provider to agree to certain documentation or billing practices designed to protect the health carrier or patients from fraudulent claims so long as the practices are not unduly burdensome or unreasonable for the particular service. <p>Subd. 2. Parity between telemedicine and in-person services. A health carrier shall not exclude a service for coverage solely because the service is provided via telemedicine and is not provided through in-person consultation or contact between a licensed health care provider and a patient.</p> <p>Subd. 3. Reimbursement for telemedicine services. (a) A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider. (b) It is not a violation of this subdivision for a health carrier to include a deductible, co-payment, or coinsurance requirement for a health care service provided via telemedicine, provided that the deductible, co-payment, or coinsurance is not in addition to, and does not exceed, the deductible, co-payment, or coinsurance applicable if the same services were provided through in-person contact.</p> <p>Statute: Minnesota Statutes 256B.0625 MEDICAL ASSISTANCE FOR NEEDY PERSONS - COVERED SERVICES</p> <p>Subd. 3b. Telemedicine services. (a) Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telemedicine in the same manner as if the service or consultation was delivered in person. Coverage is limited to three telemedicine services per enrollee per calendar week. Telemedicine services shall be paid at the full allowable rate. (b) The commissioner shall establish criteria that a health care provider must attest to in order to demonstrate the safety or efficacy of delivering a particular service via telemedicine. The attestation may include that the health care provider:</p>	

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	<p>(1) has identified the categories or types of services the health care provider will provide via telemedicine;</p> <p>(2) has written policies and procedures specific to telemedicine services that are regularly reviewed and updated;</p> <p>(3) has policies and procedures that adequately address patient safety before, during, and after the telemedicine service is rendered;</p> <p>(4) has established protocols addressing how and when to discontinue telemedicine services; and</p> <p>(5) has an established quality assurance process related to telemedicine services.</p> <p>(c) As a condition of payment, a licensed health care provider must document each occurrence of a health service provided by telemedicine to a medical assistance enrollee. Health care service records for services provided by telemedicine must meet the requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must document:</p> <p>(1) the type of service provided by telemedicine;</p> <p>(2) the time the service began and the time the service ended, including an a.m. and p.m. designation;</p> <p>(3) the licensed health care provider's basis for determining that telemedicine is an appropriate and effective means for delivering the service to the enrollee;</p> <p>(4) the mode of transmission of the telemedicine service and records evidencing that a particular mode of transmission was utilized;</p> <p>(5) the location of the originating site and the distant site;</p> <p>(6) if the claim for payment is based on a physician's telemedicine consultation with another physician, the written opinion from the consulting physician providing the telemedicine consultation; and</p> <p>(7) compliance with the criteria attested to by the health care provider in accordance with paragraph (b).</p> <p>(d) For purposes of this subdivision, unless otherwise covered under this chapter, "telemedicine" is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers, or a licensed health care provider and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.</p> <p>(e) For purposes of this section, "licensed health care provider" means a licensed health care provider under section 62A.671, subdivision 6, and a mental health practitioner defined under section 245.462, subdivision 17, or 245.4871, subdivision 26, working under the general supervision of a mental health professional; "health care provider" is defined under section 62A.671, subdivision 3; and "originating site" is defined under section 62A.671, subdivision 7</p>	

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	<p><u>Board statement: Telehealth and OTA Supervision (posted March 17, 2020)</u> The Board has received several inquiries related to supervision of Occupational Therapy Assistants and telemedicine in Minnesota.</p> <p>See the following statute for relevant information:</p> <ul style="list-style-type: none"> • Supervision of Occupational Therapy Assistants MN Statute 148.6432 Subd. 3 • Covered Services (Telemedicine) MN Statute 256B.0625 Subd. 3b (see above) • Coverage of Telemedicine Services MN Statute 62A.672 (see above) 	
Mississippi	<p><u>Statute: Mississippi Code §41-127-1. Licensed health care practitioners authorized to provide health care services via electronic means; standards of practice</u> Subject to the limitations of the license under which the individual is practicing, a health care practitioner licensed in this state may prescribe, dispense, or administer drugs or medical supplies, or otherwise provide treatment recommendations to a patient after having performed an appropriate examination of the patient either in person or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically. Treatment recommendations made via electronic means, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional provider-patient settings.</p>	<p>No statute or regulations specific to OT and telehealth. The Board reports that an individual must be licensed in the state before providing services via telehealth to a resident of the state.</p> <p>COVID-19 update: Medicaid expanded coverage of telehealth services; Dept. of Health adopted a permanent rule requiring provider entities/organizations offering telehealth services in the state to register with the Dept., and requiring individual practitioners to ensure the standard of care for telehealth encounters is consistent with the standard for in-person visits.</p>
Missouri		<p>No statute or regulations specific to OT and telehealth. The Board reports if an individual is practicing in the state then a Missouri license is required.</p> <p>COVID-19 update: Insurance bulletin requiring health carriers to provide coverage for services provided via telehealth as if the service was provided in person and waiving the requirement that out-of-state providers obtain a license in the state to provide</p>

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Montana		<p>services via telehealth to a patient/client in the state.</p> <p>No statute or regulations specific to OT and telehealth. Board reports that telehealth is not permitted without statutory authority</p> <p>COVID-19 update: At its May, 2020 meeting, the OT Board announced that telehealth is an alternative delivery method within the state OT scope of practice, so all licensees may provide services via telehealth even after the Governor's previously issued directive allowing OTs and OTAs to do so, has expired.</p>
Nebraska	<p>Statute: Nebraska Revised Statute Chapter 71, Section 8503, Terms, defined. For purposes of the Nebraska Telehealth Act:</p> <p>(1) Department means the Department of Health and Human Services;</p> <p>(2) Health care practitioner means a Nebraska Medicaid-enrolled provider who is licensed, registered, or certified to practice in this state by the department;</p> <p>(3) Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care practitioner at another site for medical evaluation, and telemonitoring;</p> <p>(4) Telehealth consultation means any contact between a patient and a health care practitioner relating to the health care diagnosis or treatment of such patient through telehealth; and</p> <p>(5) Telemonitoring means the remote monitoring of a patient's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care practitioner for analysis and storage.</p>	<p>No statute or regulations specific to OT and telehealth.</p> <p>COVID-19 update: Governor signed legislation that codifies many provisions in a previously-issued Executive Order.</p>
Nevada	<p>Statute: Nevada Revised Statutes §629.515 Valid license or certificate required; exception; restrictions; jurisdiction over and applicability of laws.</p> <p>1. Except as otherwise provided in this subsection, before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license issued pursuant to NRS 630.261. The requirements of this subsection do not apply to a provider of health care who is providing services within the scope of his or her</p>	<p>No statute or regulations specific to OT and telehealth.</p> <p>COVID-19 update: OT Board voted at its January 16, 2021 public meeting to propose regulations establishing telehealth requirements for practice that apply to OTs and OTAs, Dept. of</p>

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	<p>employment by or pursuant to a contract entered into with an urban Indian organization, as defined in 25 U.S.C. § 1603.</p> <p>2. The provisions of this section must not be interpreted or construed to:</p> <ul style="list-style-type: none"> (a) Modify, expand or alter the scope of practice of a provider of health care; or (b) Authorize a provider of health care to provide services in a setting that is not authorized by law or in a manner that violates the standard of care required of the provider of health care. <p>3. A provider of health care who is located at a distant site and uses telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient:</p> <ul style="list-style-type: none"> (a) Is subject to the laws and jurisdiction of the State of Nevada, including, without limitation, any regulations adopted by an occupational licensing board in this State, regardless of the location from which the provider of health care provides services through telehealth. (b) Shall comply with all federal and state laws that would apply if the provider were located at a distant site in this State. <p>4. As used in this section:</p> <ul style="list-style-type: none"> (a) "Distant site" means the location of the site where a telehealth provider of health care is providing telehealth services to a patient located at an originating site. (b) "Originating site" means the location of the site where a patient is receiving telehealth services from a provider of health care located at a distant site. (c) "Telehealth" means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail. 	<p>Health & Human Services updated their telehealth services allowing for OT to be provided via telehealth under certain conditions.</p>
New Hampshire	<p>Statute: Title XXX, Section 310-A:1-g, Telemedicine and Telehealth Services.</p> <p>I. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.</p> <p>II. "Telehealth" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.</p> <p>III. Individuals licensed, certified, or registered pursuant to RSA 137-F; RSA 151-A; RSA 315; RSA 316-A; RSA 317-A; RSA 326-B; RSA 326-D; RSA 326-H; RSA 327; RSA 328-E; RSA 328-F; RSA 328-G; RSA 329-B; RSA 330-A; RSA 330-C; RSA 327-A; RSA 329; RSA 326-B; RSA 318; RSA 328-I; RSA 328-J may provide services through telemedicine or telehealth, provided the services rendered are authorized by scope of practice. Nothing in this provision shall be construed to expand the scope of practice for individuals regulated under this chapter.</p> <p>IV. Notwithstanding any provision of law to the contrary, an out-of-state healthcare professional providing services by means of telemedicine or telehealth shall be required to be licensed, certified, or registered by the appropriate licensing board within the division of health professions. This paragraph shall not apply to out-of-state physicians who provide consultation services pursuant to RSA 329:21, II.</p> <p>V. An individual providing services by means of telemedicine or telehealth directly to a patient shall:</p> <ul style="list-style-type: none"> (a) Use the same standard of care as used in an in-person encounter; (b) Maintain a medical record; and 	<p>No OT-specific telehealth provision in statute, but statute authorizes the provision of services by licensees of the Occupational Therapy Governing Board.</p> <p>COVID-19 update: Governor signed legislation making permanent the previous emergency orders allowing and reimbursing for telehealth.</p>

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	<p>(c) Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate.</p> <p>VI. Under this section, Medicaid coverage for telehealth services shall comply with the provisions of 42 C.F.R. section 410.78 and RSA 167:4-d.</p> <p>Statute: Title XXX, Section 328-F Allied Health Professionals Section 328-F:2, Definitions.</p> <p>I. "Board of directors" means the chairpersons or their appointees of all the governing boards which shall be responsible for the administrative operation of the office of licensed allied health professionals.</p> <p>II. "Governing boards" means individual licensing boards of athletic trainers, occupational therapy assistants, occupational therapists, recreational therapists, physical therapists, physical therapist assistants, respiratory care practitioners, speech-language pathologists, and genetic counselors.</p> <p>III. "Occupational therapy" means "occupational therapy" as defined in RSA 326-C:1, III.</p> <p>IV. "Office of licensed allied health professionals" means an agency of multiple governing boards in professions of the allied health field.</p> <p>V. "Physical therapy" or "physiotherapy" means "physical therapy" or "physiotherapy" as defined in RSA 328-A:2, IX.</p> <p>VI. "Athletic training" means "athletic training" as defined in RSA 326-G:1, III.</p> <p>VII. "Respiratory care" means "respiratory care" as defined in RSA 326-E:1, X.</p> <p>VIII. "Speech-language pathology" means "speech-language pathology" as defined in RSA 326-F:1, IV.</p> <p>IX. "Recreational therapy" means "recreational therapy" as defined in RSA 326-J:1, III.</p> <p>X. "Genetic counseling" means genetic counseling as defined in RSA 326-K:1.</p> <p>Section 328-F:11-b Telemedicine</p> <p>Persons licensed by governing boards under this chapter shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.</p>	
New Jersey	<p>Statute: New Jersey Revised Statutes Title 45, Chapter 1 45:1-61 Definitions relative to telemedicine and telehealth.</p> <p>"Asynchronous store-and-forward" means the acquisition and transmission of images, diagnostics, data, and medical information either to, or from, an originating site or to, or from, the health care provider at a distant site, which allows for the patient to be evaluated without being physically present.</p> <p>"Cross-coverage service provider" means a health care provider, acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes, who engages in a remote medical evaluation of a patient, without in-person contact, at the request of another health care provider who has established a proper provider-patient relationship with the patient.</p>	<p>No statute or regulations specific to OT and telehealth, but statute uses a definition of healthcare provider that includes occupational therapists. Board reports that licensees in the state with a question about telehealth should contact the Board.</p> <p>As of July, 2021 the Council's proposed regulations are pending final approval.</p>

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	<p>"Distant site" means a site at which a health care provider, acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes, is located while providing health care services by means of telemedicine or telehealth.</p> <p>"Health care provider" means an individual who provides a health care service to a patient, and includes, but is not limited to, a licensed physician, nurse, nurse practitioner, psychologist, psychiatrist, psychoanalyst, clinical social worker, physician assistant, professional counselor, respiratory therapist, speech pathologist, audiologist, optometrist, or any other health care professional acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes.</p> <p>"On-call provider" means a licensed or certified health care provider who is available, where necessary, to physically attend to the urgent and follow-up needs of a patient for whom the provider has temporarily assumed responsibility, as designated by the patient's primary care provider or other health care provider of record.</p> <p>"Originating site" means a site at which a patient is located at the time that health care services are provided to the patient by means of telemedicine or telehealth.</p> <p>"Telehealth" means the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et al.).</p> <p>"Telemedicine" means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider, and in accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et al.). "Telemedicine" does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.</p> <p>"Telemedicine or telehealth organization" means a corporation, sole proprietorship, partnership, or limited liability company that is organized for the primary purpose of administering services in the furtherance of telemedicine or telehealth.</p> <p>45:1-62 Provision of health care through use of telemedicine, telehealth; requirements for provider.</p> <p>2.</p> <p>a. Unless specifically prohibited or limited by federal or State law, a health care provider who establishes a proper provider-patient relationship with a patient may remotely provide health care services to a patient through the use of telemedicine. A health care provider may also engage in telehealth as may be necessary to support and facilitate the provision</p>	<p>COVID-19 update: Governor signed legislation expanding telehealth services; in March, 2021, the OT Advisory Council proposed permanent telehealth regulations.</p>

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	<p>of health care services to patients.</p> <p>b. Any health care provider who uses telemedicine or engages in telehealth while providing health care services to a patient, shall:</p> <ol style="list-style-type: none"> (1) be validly licensed, certified, or registered, pursuant to Title 45 of the Revised Statutes, to provide such services in the State of New Jersey; (2) remain subject to regulation by the appropriate New Jersey State licensing board or other New Jersey State professional regulatory entity; (3) act in compliance with existing requirements regarding the maintenance of liability insurance; and (4) remain subject to New Jersey jurisdiction if either the patient or the provider is located in New Jersey at the time services are provided. <p>c.</p> <ol style="list-style-type: none"> (1) Telemedicine services shall be provided using interactive, real-time, two-way communication technologies. (2) A health care provider engaging in telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of images, diagnostics, data, and medical information; except that the health care provider may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video capabilities, if, after accessing and reviewing the patient's medical records, the provider determines that the provider is able to meet the same standard of care as if the health care services were being provided in person. (3) The identity, professional credentials, and contact information of a health care provider providing telemedicine or telehealth services shall be made available to the patient during and after the provision of services. The contact information shall enable the patient to contact the health care provider, or a substitute health care provider authorized to act on behalf of the provider who provided services, for at least 72 hours following the provision of services. (4) A health care provider engaging in telemedicine or telehealth shall review the medical history and any medical records provided by the patient. For an initial encounter with the patient, the provider shall review the patient's medical history and medical records prior to initiating contact with the patient, as required pursuant to paragraph (3) of subsection a. of section 3 of P.L.2017, c.117 (C.45:1-63). In the case of a subsequent telemedicine or telehealth encounter conducted pursuant to an ongoing provider-patient relationship, the provider may review the information prior to initiating contact with the patient or contemporaneously with the telemedicine or telehealth encounter. (5) Following the provision of services using telemedicine or telehealth, the patient's medical information shall be made available to the patient upon the patient's request, and, with the patient's affirmative consent, forwarded directly to 	

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	<p>the patient's primary care provider or health care provider of record, or, upon request by the patient, to other health care providers. For patients without a primary care provider or other health care provider of record, the health care provider engaging in telemedicine or telehealth may advise the patient to contact a primary care provider, and, upon request by the patient, assist the patient with locating a primary care provider or other in-person medical assistance that, to the extent possible, is located within reasonable proximity to the patient. The health care provider engaging in telemedicine or telehealth shall also refer the patient to appropriate follow up care where necessary, including making appropriate referrals for emergency or complimentary care, if needed. Consent may be oral, written, or digital in nature, provided that the chosen method of consent is deemed appropriate under the standard of care.</p> <p>d.</p> <p>(1) Any health care provider providing health care services using telemedicine or telehealth shall be subject to the same standard of care or practice standards as are applicable to in-person settings. If telemedicine or telehealth services would not be consistent with this standard of care, the health care provider shall direct the patient to seek in-person care.</p> <p>(2) Diagnosis, treatment, and consultation recommendations, including discussions regarding the risk and benefits of the patient's treatment options, which are made through the use of telemedicine or telehealth, including the issuance of a prescription based on a telemedicine or telehealth encounter, shall be held to the same standard of care or practice standards as are applicable to in-person settings. Unless the provider has established a proper provider-patient relationship with the patient, a provider shall not issue a prescription to a patient based solely on the responses provided in an online questionnaire.</p> <p>e. The prescription of Schedule II controlled dangerous substances through the use of telemedicine or telehealth shall be authorized only after an initial in-person examination of the patient, as provided by regulation, and a subsequent in-person visit with the patient shall be required every three months for the duration of time that the patient is being prescribed the Schedule II controlled dangerous substance. However, the provisions of this subsection shall not apply, and the in-person examination or review of a patient shall not be required, when a health care provider is prescribing a stimulant which is a Schedule II controlled dangerous substance for use by a minor patient under the age of 18, provided that the health care provider is using interactive, real-time, two-way audio and video technologies when treating the patient and the health care provider has first obtained written consent for the waiver of these in-person examination requirements from the minor patient's parent or guardian.</p> <p>f. A mental health screener, screening service, or screening psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4- 27.1 et seq.):</p>	

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	<p>(1) shall not be required to obtain a separate authorization in order to engage in telemedicine or telehealth for mental health screening purposes; and</p> <p>(2) shall not be required to request and obtain a waiver from existing regulations, prior to engaging in telemedicine or telehealth.</p> <p>g. A health care provider who engages in telemedicine or telehealth, as authorized by P.L.2017, c.117 (C.45:1-61 et al.), shall maintain a complete record of the patient's care, and shall comply with all applicable State and federal statutes and regulations for recordkeeping, confidentiality, and disclosure of the patient's medical record.</p> <p>h. A health care provider shall not be subject to any professional disciplinary action under Title 45 of the Revised Statutes solely on the basis that the provider engaged in telemedicine or telehealth pursuant to P.L.2017, c.117 (C.45:1-61 et al.).</p> <p>i.</p> <p>(1) In accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), the State boards or other entities that, pursuant to Title 45 of the Revised Statutes, are responsible for the licensure, certification, or registration of health care providers in the State, shall each adopt rules and regulations that are applicable to the health care providers under their respective jurisdictions, as may be necessary to implement the provisions of this section and facilitate the provision of telemedicine and telehealth services. Such rules and regulations shall, at a minimum:</p> <p>(a) include best practices for the professional engagement in telemedicine and telehealth;</p> <p>(b) ensure that the services patients receive using telemedicine or telehealth are appropriate, medically necessary, and meet current quality of care standards;</p> <p>(c) include measures to prevent fraud and abuse in connection with the use of telemedicine and telehealth, including requirements concerning the filing of claims and maintaining appropriate records of services provided; and</p> <p>(d) provide substantially similar metrics for evaluating quality of care and patient outcomes in connection with services provided using telemedicine and telehealth as currently apply to services provided in person.</p> <p>(2) In no case shall the rules and regulations adopted pursuant to paragraph (1) of this subsection require a provider to conduct an initial in-person visit with the patient as a condition of providing services using telemedicine or telehealth.</p> <p>(3) The failure of any licensing board to adopt rules and regulations pursuant to this subsection shall not have the effect of delaying the implementation of this act, and shall not prevent health care providers from engaging in telemedicine or telehealth in accordance with the provisions of this act and the practice act applicable to the provider's professional licensure, certification, or registration.</p>	

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	<p>45:1-63 Establishment of proper provider-patient relationship; exceptions.</p> <p>3. a. Any health care provider who engages in telemedicine or telehealth shall ensure that a proper provider-patient relationship is established. The establishment of a proper provider-patient relationship shall include, but shall not be limited to:</p> <ul style="list-style-type: none"> (1) properly identifying the patient using, at a minimum, the patient's name, date of birth, phone number, and address. When properly identifying the patient, the provider may additionally use the patient's assigned identification number, social security number, photo, health insurance policy number, or other appropriate patient identifier associated directly with the patient; (2) disclosing and validating the provider's identity and credentials, such as the provider's license, title, and, if applicable, specialty and board certifications; (3) prior to initiating contact with a patient in an initial encounter for the purpose of providing services to the patient using telemedicine or telehealth, reviewing the patient's medical history and any available medical records; and (4) prior to initiating contact with a patient for the purpose of providing services to the patient using telemedicine or telehealth, determining whether the provider will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the services were provided in person. The provider shall make this determination prior to each unique patient encounter. <p>b. Telemedicine or telehealth may be practiced without a proper provider-patient relationship, as defined in subsection a. of this section, in the following circumstances:</p> <ul style="list-style-type: none"> (1) during informal consultations performed by a health care provider outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation; (2) during episodic consultations by a medical specialist located in another jurisdiction who provides consultation services, upon request, to a properly licensed or certified health care provider in this State; (3) when a health care provider furnishes medical assistance in response to an emergency or disaster, provided that there is no charge for the medical assistance; or (4) when a substitute health care provider, who is acting on behalf of an absent health care provider in the same specialty, provides health care services on an on-call or cross-coverage basis, provided that the absent health care provider has designated the substitute provider as an on-call provider or cross-coverage service provider. 	
New Mexico	<p>Statute: New Mexico Statutes, Chapter 24, Article 25, New Mexico Telehealth Act 24-25-3. Definitions.</p> <p>As used in the New Mexico Telehealth Act:</p> <p>A. "health care provider" means a person licensed to provide health care to patients in New Mexico, including:</p> <ul style="list-style-type: none"> (1) an optometrist; (2) a chiropractic physician; (3) a dentist; 	<p>No OT specific statute or regulations regarding telehealth, but statute uses a definition of healthcare provider that includes occupational therapist.</p> <p>COVID-19 update: The state occupational therapy licensing board issued guidance, effective for the</p>

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	<p>(4) a physician; (5) a podiatrist; (6) an osteopathic physician; (7) a physician assistant; (8) a certified nurse practitioner; (9) a physical therapist; (10) an occupational therapist; (11) a speech-language pathologist; (12) a doctor of oriental medicine; (13) a nutritionist; (14) a psychologist; (15) a certified nurse-midwife; (16) a clinical nurse specialist; (17) a registered nurse; (18) a dental hygienist; (19) a pharmacist; (20) a licensed independent social worker; (21) a licensed counselor; (22) a community health representative; or (23) a licensed athletic trainer;</p> <p>B. "originating site" means a place where a patient may receive health care via telehealth. An originating site may include:</p> <p>(1) a licensed inpatient center; (2) an ambulatory surgical or treatment center; (3) a skilled nursing center; (4) a residential treatment center; (5) a home health agency; (6) a diagnostic laboratory or imaging center; (7) an assisted living center; (8) a school-based health program; (9) a mobile clinic; (10) a mental health clinic; (11) a rehabilitation or other therapeutic health setting; (12) the patient's residence; (13) a federally qualified health center; or (14) a community health center; and</p> <p>C. "telehealth" means the use of electronic information, imaging and communication technologies, including interactive audio, video, data communications as well as store-and-forward technologies, to provide and support health care delivery, diagnosis, consultation, treatment, transfer of medical data and education.</p>	<p>duration of the Governor's declared State of Emergency, stating that the delivery of health care via telehealth is recognized and encouraged under state law and the use of internet, email, texting, and telephone to assess and provide responsible care to any patient in the state during the State of Emergency is encouraged, subject to compliance with Board rules.</p>

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	<p>24-25-4. Telehealth authorized; procedure. The delivery of health care via telehealth is recognized and encouraged as a safe, practical and necessary practice in New Mexico. No health care provider or operator of an originating site shall be disciplined for or discouraged from participating in telehealth pursuant to the New Mexico Telehealth Act. In using telehealth procedures, health care providers and operators of originating sites shall comply with all applicable federal and state guidelines and shall follow established federal and state rules regarding security, confidentiality and privacy protections for health care information.</p> <p>24-25-5. Scope of act. A. The New Mexico Telehealth Act does not alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law. B. Because the use of telehealth improves access to quality health care and will generally benefit the citizens of New Mexico, health insurers, health maintenance organizations, managed care organizations and third-party payors offering services to the citizens of New Mexico are encouraged to use and provide coverage for telehealth within the scope of their plans or policies. The state's medical assistance program is also encouraged to include telehealth within the scope of its plan or policy.</p>	
New York	<p>Statute: New York Consolidated Laws, Article 29-G Telehealth Delivery of Services § 2999-cc. Definitions. As used in this article, the following terms shall have the following meanings:</p> <ol style="list-style-type: none"> 1. "Distant site" means a site at which a telehealth provider is located while delivering health care services by means of telehealth. 2. "Telehealth provider" means: <ul style="list-style-type: none"> (a) a physician licensed pursuant to article one hundred thirty-one of the education law; (b) a physician assistant licensed pursuant to article one hundred thirty-one-B of the education law; (c) a dentist licensed pursuant to article one hundred thirty-three of the education law; (d) a nurse practitioner licensed pursuant to article one hundred thirty-nine of the education law; (e) a registered professional nurse licensed pursuant to article one hundred thirty-nine of the education law only when such nurse is receiving patient-specific health information or medical data at a distant site by means of remote patient monitoring; (f) a podiatrist licensed pursuant to article one hundred forty-one of the education law; (g) an optometrist licensed pursuant to article one hundred forty-three of the education law; (h) a psychologist licensed pursuant to article one hundred fifty-three of the education law; (i) a social worker licensed pursuant to article one hundred fifty-four of the education law; (j) a speech language pathologist or audiologist licensed pursuant to article one hundred fifty-nine of the education law; (k) a midwife licensed pursuant to article one hundred forty of the education law; (l) a physical therapist licensed pursuant to article one hundred thirty-six of the education law; (m) an occupational therapist licensed pursuant to article one hundred fifty-six of the education law; 	<p>No OT specific statute or regulation, but statute includes OT as a telehealth provider. The Board reports OTs may use telehealth to evaluate and provide therapy to clients, but must be licensed in the state, adhere to the same standards that apply to in-person practice, the AOTA Occupational Therapy Code of Ethics (2010), and the AOTA Standards of Practice for Occupational Therapy and the laws, rules, and regulations, governing occupational therapy practice in New York.</p> <p>COVID-19 update: Dept. of Health adopted an emergency rule authorizing all Medicaid providers to provide services typically provided in-person via telehealth provided the services are within the provider's standard of care and are appropriate to meet the patient's needs; Medicaid extended its expansion for all providers in all</p>

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	<p>(n) a person who is certified as a diabetes educator by the National Certification Board for Diabetes Educators, or a successor national certification board, or provided by such a professional who is affiliated with a program certified by the American Diabetes Association, the American Association of Diabetes Educators, the Indian Health Services, or any other national accreditation organization approved by the federal Centers for Medicare and Medicaid Services;</p> <p>(o) a person who is certified as an asthma educator by the National Asthma Educator Certification Board, or a successor national certification board;</p> <p>(p) a person who is certified as a genetic counselor by the American Board of Genetic Counseling, or a successor national certification board;</p> <p>(q) a hospital as defined in article twenty-eight of this chapter, including residential health care facilities serving special needs populations;</p> <p>(r) a home care services agency as defined in article thirty-six of this chapter;</p> <p>(s) a hospice as defined in article forty of this chapter;</p> <p>(t) credentialed alcoholism and substance abuse counselors credentialed by the office of alcoholism and substance abuse services or by a credentialing entity approved by such office pursuant to section 19.07 of the mental hygiene law;</p> <p>(u) providers authorized to provide services and service coordination under the early intervention program pursuant to article twenty-five of this chapter;</p> <p>(v) clinics licensed or certified under article sixteen of the mental hygiene law and certified and non-certified day and residential programs funded or operated by the office for people with developmental disabilities; and</p> <p>(w) any other provider as determined by the commissioner pursuant to regulation or, in consultation with the commissioner, by the commissioner of the office of mental health, the commissioner of the office of alcoholism and substance abuse services, or the commissioner of the office for people with developmental disabilities pursuant to regulation.</p> <p>3. "Originating site" means a site at which a patient is located at the time health care services are delivered to him or her by means of telehealth. Originating sites shall be limited to:</p> <p>(a) facilities licensed under articles twenty-eight and forty of this chapter;</p> <p>(b) facilities as defined in subdivision six of section 1.03 of the mental hygiene law;</p> <p>(c) certified and non-certified day and residential programs funded or operated by the office for people with developmental disabilities;</p> <p>(d) private physician's or dentist's offices located within the state of New York;</p> <p>(e) any type of adult care facility licensed under title two of article seven of the social services law;</p> <p>(f) public, private and charter elementary and secondary schools, school age child care programs, and child day care centers within the state of New York; and</p> <p>(g) the patient's place of residence located within the state of New York or other temporary location located within or outside the state of New York.</p> <p>4. "Telehealth" means the use of electronic information and communication technologies by telehealth providers to deliver health care services, which shall include the assessment, diagnosis, consultation,</p>	<p>situations to use a variety of communication methods to deliver services remotely until the end of the federal Public Health Emergency.</p>

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	<p>treatment, education, care management and/or self-management of a patient. Telehealth shall not include delivery of health care services by means of audio-only telephone communication, facsimile machines, or electronic messaging alone, though use of these technologies is not precluded if used in conjunction with telemedicine, store and forward technology, or remote patient monitoring. For purposes of this section, telehealth shall be limited to telemedicine, store and forward technology, and remote patient monitoring. This subdivision shall not preclude the delivery of health care services by means of "home telehealth" as used in section thirty-six hundred fourteen of this chapter.</p> <p>5. "Telemedicine" means the use of synchronous, two-way electronic audio visual communications to deliver clinical health care services, which shall include the assessment, diagnosis, and treatment of a patient, while such patient is at the originating site and a telehealth provider is at a distant site.</p> <p>6. "Store and forward technology" means the asynchronous, electronic transmission of a patient's health information in the form of patient-specific digital images and/or pre-recorded videos from a provider at an originating site to a telehealth provider at a distant site.</p> <p>7. "Remote patient monitoring" means the use of synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a patient at an originating site that is transmitted to a telehealth provider at a distant site for use in the treatment and management of medical conditions that require frequent monitoring. Such technologies may include additional interaction triggered by previous transmissions, such as interactive queries conducted through communication technologies or by telephone. Such conditions shall include, but not be limited to, congestive heart failure, diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding. Remote patient monitoring shall be ordered by a physician licensed pursuant to article one hundred thirty-one of the education law, a nurse practitioner licensed pursuant to article one hundred thirty-nine of the education law, or a midwife licensed pursuant to article one hundred forty of the education law, with which the patient has a substantial and ongoing relationship.</p> <p>§ 2999-dd. Telehealth delivery of services.</p> <p>1. Health care services delivered by means of telehealth shall be entitled to reimbursement under section three hundred sixty-seven-u of the social services law.</p> <p>2. The department of health, the office of mental health, the office of alcoholism and substance abuse services, and the office for people with developmental disabilities shall coordinate on the issuance of a single guidance document, to be updated as appropriate, that shall:</p> <ul style="list-style-type: none"> (a) identify any differences in regulations or policies issued by the agencies, including with respect to reimbursement pursuant to section three hundred sixty-seven-u of the social services law; and (b) be designed to assist consumers, providers, and health plans in understanding and facilitating the appropriate use of telehealth in addressing barriers to care. 	
North Carolina	<p>Board Statement: Telehealth and North Carolina Occupational Therapy An occupational therapy practitioner may deliver evaluation, treatment, and consultation through telecommunication and information technologies.</p>	No OT specific statute or regulation regarding telehealth.

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	<p>1. An occupational therapy practitioner is required to be licensed in North Carolina if the practitioner provides occupational therapy services to a client who is in North Carolina.</p> <p>2. An occupational therapy practitioner who is in North Carolina and does not provide occupational therapy services to clients in North Carolina does not need to be licensed in North Carolina.</p> <p>3. An occupational therapy practitioner who is in North Carolina but provides occupational therapy services to clients in a state other than North Carolina is required to follow the laws and regulations of the state where the client is receiving the services.</p> <p>4. An occupational therapy practitioner licensed in North Carolina may provide occupational therapy services to a client in North Carolina even if the occupational therapy practitioner is in another state.</p> <p>An occupational therapy practitioner may provide supervision requiring direct contact through video teleconferencing.</p>	<p>COVID-19 update: Medicaid issued a special bulletin providing guidance for OT, PT, speech therapy, and audiology services that can now be delivered via telehealth; Medicaid reports that they are working on making permanent at least some of the temporary telehealth flexibilities issued during the emergency.</p>
North Dakota	<p>Regulation: North Dakota Administrative Code 55.5-03-01-03, Scope of Services Specific occupational therapy services. The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness, including methods delivered via telerehabilitation to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life.</p> <p>Board Statement: Telehealth Telehealth, also known as Telemedicine, is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status.</p> <p>(1) AOTA defines Telehealth as the application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies.</p> <p>(2) North Dakota uses federal definitions for "internet" and "practice of telemedicine" set in the Ryan Haight Online Pharmacy Consumer Protection Act of 2008.</p> <p>(3) Telemedicine means the practice of medicine by a practitioner, other than a pharmacist, who is at a location remote from the patient, and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system.</p> <p>(4) Telehealth is a service delivery model that allows an occupational therapy practitioner to deliver evaluation, treatment, and consultation through telecommunication and information technologies overcoming distance, transportation expenses, and patient access barriers.</p> <p>Telehealth is not a separate service. It is a medium to deliver care. Occupational Therapy practitioners must adhere to the same standards as expected for on-site service delivery. An occupational therapy</p>	<p>COVID-19 update: Governor signed legislation defining telehealth in the state insurance law as including the use of electronic media for consultation relating to a diagnosis or treatment of a patient in real time and not including audio-only telephone, except for the purpose of e-visits or virtual check ins, email, or fax transmissions; the law also prohibits an insurer from issuing or renewing a policy unless it covers telehealth services the same as in-person services.</p>

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	<p>practitioner is required to be licensed in North Dakota if the practitioner provides occupational therapy services to a client who is in North Dakota. The location of the patient at the time of the patient service encounter determines the location of the service. If the patient is located in North Dakota at the time of the patient service, the therapist/assistant must be licensed in North Dakota. If the therapists/assistant is connecting with a patient located in another State at the time of the patient encounter, the therapist must be licensed in that State.</p>	
Ohio	<p><u>Board Statement: Telehealth/Telerehab (revised June 2015)</u> It is the position of the Ohio Occupational Therapy Section that an occupational therapy practitioner is required to hold a valid, current license in the State of Ohio to serve any clients residing in Ohio. Therefore, out of state occupational therapy personnel must hold a valid Ohio license to treat clients in Ohio via telehealth.</p> <p>The Section recommends that you contact the occupational therapy board in any state where the client resides to explore the requirements for practicing via telehealth in that state. In addition, the Section recommends that you review the American Occupational Therapy Association’s Position Paper: Telerehabilitation (AOTA, 2013) for additional guidance on occupational therapy practice via telehealth.</p> <p>As defined by the American Occupational Therapy Association (AOTA), telerehabilitation is the “clinical application of consultative, preventative, diagnostic, and therapeutic services via two-way interactive telecommunication technology” (AOTA, 2005, p. 656).</p> <p>The Occupational Therapy Section has seen an increase in the number of questions from practitioners on whether the Ohio Occupational Therapy Practice Act permits telerehabilitation. As stated in the AOTA Telerehabilitation Position Paper:</p> <p>Practitioners using telerehabilitation methods must comply with licensure laws and other state legislation regulating the practice of occupational therapy in the state or states in which those services are received [emphasis added]. When telerehabilitation is used to provide individual client services (evaluation and intervention), the practitioner must be licensed in the state in which the client receives those services. The provision of consultation to another practitioner or continuing education content (e.g., workshop or seminar) using this technology may or may not be addressed by individual state regulations, and it is recommended that practitioners using the technology in these ways investigate those regulations to ensure compliance (AOTA, 2005, p. 658).</p> <p>The Occupational Therapy Section endorses the AOTA statement on state regulations for telerehabilitation. As a result, occupational therapy personnel must hold a valid Ohio license prior to providing occupational therapy services via telerehabilitation to clients physically located in Ohio.</p>	<p>No statute or regulations specific to OT and telehealth.</p> <p>COVID-19 update: Permanent rule has been adopted that allows OTs and OTAs to be eligible providers of services via telehealth under Medicaid and allows OTs to bill for such services; OTPTAT board issued a statement that telehealth is permitted under all licensees’ practice acts.</p>

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	<p><u>Reference</u> American Occupational Therapy Association (2005). Telerehabilitation position paper. American Journal of Occupational Therapy, 59(6), 656-660.</p>	
Oklahoma	<p><u>Statute: Title 59 Oklahoma Statutes, Section 888.3</u> 1. "Occupational therapy" is a health profession for which practitioners provide assessment, treatment, and consultation through the use of purposeful activity with individuals who are limited by or at risk of physical illness or injury, psycho-social dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process, in order to maximize independence, prevent disability, and maintain health. Specific occupational therapy services include but are not limited to the use of media and methods such as instruction in daily living skills and cognitive retraining, facilitating self-maintenance, work and leisure skills, using standardized or adapted techniques, designing, fabricating, and applying selected orthotic equipment or selective adaptive equipment with instructions, using therapeutically applied creative activities, exercise, and other media to enhance and restore functional performance, to administer and interpret tests which may include sensorimotor evaluation, psycho-social assessments, standardized or nonstandardized tests, to improve developmental skills, perceptual <u>and</u> motor skills, and sensory integrative function, and to adapt the environment for the handicapped. These services are provided individually, in groups, via telehealth or through social systems; 8. "Telehealth" means the use of electronic information and telecommunications technologies to support and promote access to clinical health care, patient and professional health-related education, public health and health administration; and 9. "Telerehabilitation" or "teletherapy" means the delivery of rehabilitation and habilitation services via information and communication technologies (ICT), also commonly referred to as "telehealth" technologies.</p> <p><u>Regulation: Oklahoma Code Title 435, Chapter 30, Occupational Therapists and Assistants 435: 30-1-2, Definitions</u> The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly in-dictates otherwise: "Distant site" means the location of the Occupational Therapist via telecommunications systems. "Originating site" means the location of the patient at the time the service being furnished via a telecommunications system occurs. "Telehealth" means, and shall have, the same meaning as it does under 59 O.S. § 888.3(8). "Telemedicine" means, and includes, the practice of healthcare delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of conditions appropriate to treatment by telehealth management, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine.</p>	<p>COVID-19 update: New telehealth regulation adopted by the Board of Medical Licensure and Supervision is in effect; Governor signed legislation requiring health benefit plans to provide coverage of health care services provided through telehealth and to reimburse health care professionals on the same basis and at least the rate of reimbursement that the insurer is responsible for reimbursing if the service was provided in person.</p>

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	<p>"Telerehabilitation" means, and shall have, the same meaning as it does under 59 O.S. § 888.3(9).</p> <p>435:30-1-15. Supervision of students, new graduates, techs and aides The Occupational Therapist is responsible and accountable for the overall use and actions of unlicensed personnel under his/her supervision and control during a therapy session or service delivery whether in person or by telehealth.</p> <p>435:30-1-18. Telehealth regulations (a) In order to provide occupational therapy services via telehealth defined in 435:30-1-2 of the Code, an occupational therapist or occupational therapy assistant providing services to a patient or client in this State must have a valid and current Occupational Therapy or Occupational Therapy Assistant license issued by State of Oklahoma. (b) An occupational therapist shall determine whether an in-person evaluation or in-person interventions are necessary in lieu of telehealth provision, considering: the complexity of the patient's/client's condition; the provider's own knowledge, skills and abilities; the nature and complexity of the intervention; the requirements of the practice setting; and the patient's/client's context and environment. Clinical reasoning for providing occupational therapy via teletherapy must be documented at the onset of treatment in the patient's/client's record. (c) All legal, regulatory, and ethical rules applicable to the delivery of in-person occupational therapy shall also apply to the delivery of occupational therapy via telehealth technology. (d) Audio and video equipment must allow for interactive, real-time communications which permit the occupational therapist or occupational therapy assistant and the patient to see and hear each other. Any telehealth technology used by any occupational therapist or occupational therapy assistant must comply with confidentiality requirements imposed by federal or state law concerning network connection security in place for video and non-video connections, specifically including requirements under HIPAA. (e) An occupational therapist or occupational therapy assistant providing occupational therapy services via telehealth shall: (1) Exercise the same standard of care when providing occupational therapy services via telehealth as with any other mode of delivery of occupational therapy services; (2) Provide occupational therapy in a manner consistent with the standards of practice, ethical principles, rules and regulations for Oklahoma occupational therapy practitioners. Therefore, it is the occupational therapy practitioner's responsibility to determine when a telehealth encounter is not the appropriate treatment model; (3) Determine if it is medically and clinically necessary for a licensed healthcare provider or technician trained in the use of the equipment to be utilized at the originating site to "present" the patient, manage the cameras, and perform any physical activities to successfully complete the initial patient evaluation; and (4) Be proficient in the use of the telehealth and/or telemedicine technology.</p>	

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	<p>(f) An occupational therapist or occupational therapy assistant that is providing therapy services via telehealth as a mode of service delivery will be required to have two (2) continuing education units in the area of telehealth practice each reporting period.</p> <p>(g) An occupational therapist may utilize telehealth methods for routine and general supervision of Form 5-registered supervisees, but not when direct on-site supervision is required under 435: 30-1-2.</p> <p>(h) Fieldwork students must follow the Accreditation Council for Occupational Therapy Education ("ACOTE") standards, academic program rules, and practice setting policies regarding the use of telehealth service delivery as well as follow all applicable supervision rules under 435:30-1-15 and 435:30-1-16.</p> <p>(i) Failure to comply with telehealth regulations shall be considered unprofessional conduct as set forth in Section 9 of the Occupational Therapy Practice Act.</p>	
Oregon	<p>Regulation: Oregon Administrative Rules 339-010-0006, Standards of Practice for Telehealth</p> <p>(1) "Telehealth" is defined as the use of interactive audio and video, in real time telecommunication technology or store-and-forward technology, to deliver health care services when the occupational therapy practitioner and patient/client are not at the same physical location. Its uses include diagnosis, consultation, treatment, prevention, transfer of health or medical data, and continuing education.</p> <p>(2) Telehealth is considered the same as Telepractice for Occupational Therapy practitioners working in education settings; and Teletherapy and Telerehab in other settings.</p> <p>(3) In order to provide occupational therapy services via telehealth to a patient/client in Oregon, the occupational therapy practitioner providing services to a patient/client must have a valid and current license issued by the Oregon OT Licensing Board. Oregon licensed Occupational Therapists using telehealth technology with a patient/client in another state may also be required to be licensed in the state in which the patient/client receives those services and must adhere to those state licensure laws.</p> <p>(4) Prior to initiation of occupational therapy services, an occupational therapy practitioner shall obtain informed consent of the delivery of service via telehealth from the patient/client. The consent may be verbal, written or recorded and must be documented in the patient's or client's permanent health record.</p> <p>(5) When providing telehealth services, an occupational therapy practitioner shall have procedures in place to address remote medical or clinical emergencies at the patient's location.</p> <p>(6) Occupational therapy practitioners shall secure and maintain the confidentiality of medical information of the patient/client as required by HIPAA and state and federal law.</p> <p>(7) In making the determination whether an in-person evaluation or intervention are necessary, an occupational therapist shall consider at a minimum:</p> <ul style="list-style-type: none"> (a) The complexity of the patient's/client's condition; (b) His or her own knowledge skills and abilities; (c) The patient's/client's context and environment; (d) The nature and complexity of the intervention; (e) The pragmatic requirements of the practice setting; and (f) The capacity and quality of the technological interface. <p>(8) Occupational therapy practitioners providing occupational therapy services via telehealth must:</p> <ul style="list-style-type: none"> (a) Exercise the same standard of care when providing occupational therapy services via telehealth as with any other mode of delivery of occupational therapy services; 	<p>COVID-19 update: Oregon Health Authority made permanent several temporary rules related to telehealth; Occupational Therapy Licensure Board amended its telehealth rules to apply to occupational therapy practitioners, not just occupational therapists; Governor signed legislation requiring the Oregon Health Authority to ensure reimbursement of health services delivered through telemedicine.</p>

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	<p>(b) Provide services consistent the AOTA Code of Ethics and Ethical Standards of Practice; and comply with provisions of the Occupational Therapy Practice Act and its regulations.</p> <p>(9) Supervision of Occupational Therapy Assistant under 339-010-0035 for routine and general supervision, can be done through telehealth, but cannot be done when close supervision as defined in 339-010-0005 is required. The same considerations in (7)(A) through (F) must be considered in determining whether telehealth should be used.</p> <p>(10) An Occupational Therapy practitioner who is supervising a fieldwork student must follow the ACOTE standards and other accreditation requirements.</p> <p>(11) Failure to comply with these regulations shall be considered unprofessional conduct under OAR 339-010-0020.</p> <p><u>Board FAQs: Telehealth Q and A</u></p> <p>Q. What is telehealth? "Telehealth" is defined as the use of interactive audio and video, in real time telecommunication technology or store-and-forward technology, to deliver health care services when the occupational therapist and patient/client are not at the same physical location. Its uses include diagnosis, consultation, treatment, prevention, transfer of health or medical data, and continuing education.</p> <p>Q. What are the Standards of Practice for Telehealth? An occupational therapist or occupational therapy assistant providing occupational therapy services via telehealth must exercise the same standard of care when providing occupational therapy services via telehealth as with any other mode of delivery of occupational therapy services and provide services consistent the AOTA Code of Ethics and Ethical Standards of Practice; and comply with provisions of the Occupational Therapy Practice Act and its regulations.</p> <p>Q. What is required to provide occupational therapy services via telehealth in Oregon? An occupational therapist or occupational therapy assistant providing occupational therapy services via telehealth to a client in Oregon must have a valid and current license issued by the Oregon Occupational Therapy Licensing Board.</p> <p>Q. I am from out-of-state. Do I need an Oregon license to provide Occupational Therapy services to a client in Oregon? A. Yes, a license by the Oregon Occupational Therapy Licensing Board is required.</p> <p>Q. Do I need to reside within the state of Oregon in order to provide telehealth services to a client who resides in Oregon? A. No, you are not required to reside in Oregon but you are required to have an Oregon license and follow all the provisions of laws and regulations governing occupational therapy.</p>	

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	<p>Q. What is consent? A. Consent is the process (and document) by which an occupational therapist discloses appropriate information to a competent client so that the client may make a voluntary choice to accept or refuse treatment. It originates from the legal and ethical right the patient has to direct what happens to his or her body and from the ethical duty of the occupational therapist to involve the patient in his or her health care.</p> <p>Q. Can telehealth be used for supervision of an occupational therapy assistant? A. Supervision of Occupational Therapy Assistant under 339-010-0035 for routine and general supervision, can be done through telehealth, but cannot be done when close supervision as defined in 339-010-0005 is required. The same considerations in (6) (A) through (F) must be considered in determining whether telehealth should be used.</p>	
Pennsylvania	<p>Occupational Therapy Code of Ethics 2015: VERACITY Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession. Veracity is based on the virtues of truthfulness, candor, and honesty. The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information (Beauchamp & Childress, 2013). Veracity is based on respect owed to others, including but not limited to recipients of service, colleagues, students, researchers, and research participants.</p> <p>In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. When entering into a therapeutic or research relationship, the recipient of service or research participant has a right to accurate information. In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided.</p> <p>Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle of Veracity also requires thoughtful analysis of how full disclosure of information may affect outcomes.</p> <p>RELATED STANDARDS OF CONDUCT Occupational therapy personnel shall</p> <ul style="list-style-type: none"> A. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication. B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims. C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities. D. Identify and fully disclose to all appropriate persons errors or adverse events that compromise the safety of service recipients. 	<p>No statute or regulations specific to OT and telehealth. Board reports telehealth has not been regulated beyond what is in the AOTA Code of Ethics (2015).</p> <p>COVID-19 update: Governor issued Cross Agency Telehealth Guidance outlining the use of telehealth in the state; Dept. of Human Services issued telemedicine guidance, updated in June, 2021.</p>

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	<p>E. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public.</p> <p>F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.</p> <p>G. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.</p> <p>H. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize).</p> <p>I. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution.</p> <p>J. Maintain privacy and truthfulness when utilizing telecommunication in delivery of occupational therapy services.</p>	
Puerto Rico		<p>No statute or regulations specific to OT and telehealth.</p> <p>COVID-19 update: No updates</p>
Rhode Island		<p>No statute or regulations specific to OT and telehealth. Board reports an individual must be licensed in the state and adhere to the state laws and rules when providing services in the state.</p> <p>COVID-19 update: Governor signed legislation expanding telemedicine coverage requirements for insurers and requires all Medicaid programs to cover telemedicine visits, including visits via telephone or other audio-video enabled device and continuing the requirement from a previously issued Executive Order (now terminated) that in-network telemedicine services be reimbursed at rates not lower than if the same services were delivered in-person.</p>
South Carolina		<p>No statute or regulations specific to OT and telehealth.</p>

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		<p>COVID-19 update: OT Board issued an advisory opinion supporting the use of telehealth as authorized in the OT practice act.</p>
South Dakota		<p>No statute or regulations specific to OT and telehealth, but Board reports that it is allowed and treated the same as normal practice.</p> <p>COVID-19 update: Governor signed legislation allowing health care providers to treat patients via telehealth without first needing an in-person exam and revising the definition of telehealth to include “interactive audio-video, interactive audio with store and forward, store-and-forward technology, and remote patient monitoring.”</p>
Tennessee	<p>Statute: Tennessee Code Annotated §63-13-103, Chapter definitions. (10)</p> <p>(A) “Occupational therapy practice” means the therapeutic use of everyday life activities (occupations) for the purpose of enabling individuals or groups to participate in roles and situations in home, school, workplace, community and other settings. Occupational therapy addresses the physical, cognitive, psychosocial and sensory aspects of performance in a variety of contexts to support engagement in occupations that affect health, well-being and quality of life. “Occupational therapy practice” includes, but is not limited to:</p> <ul style="list-style-type: none"> (i) Screening, evaluation, assessment, planning, implementation, or discharge planning in order to determine an occupational therapy treatment diagnosis, prognosis, plan of therapeutic intervention, or discharge plan, or to assess the ongoing effect of intervention; (ii) Selection and administration of standardized and nonstandardized tests and measurements to evaluate factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including: <ul style="list-style-type: none"> (a) Body functions and body structures; (b) Habits, routines, roles and behavior patterns; (c) Cultural, physical, environmental, social and spiritual context and activity demands that affect performance; and (d) Performance skills, including motor, process and communication/interaction skills; (iii) Methods or strategies selected to direct the process of interventions, such as: 	<p>No statute or regulations specific to OT and telehealth.</p> <p>COVID-19 update: Occupational therapy practice act was amended to include telehealth in the OT scope of practice (see text at left); Governor also signed legislation requiring payers to cover telehealth services as they would cover in-person care and mandating payment parity for telehealth until April, 2022.</p>

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	<p>(a) Modification or adaptation of an activity or the environment to enhance performance;</p> <p>(b) Establishment, remediation or restoration of a skill or ability that has not yet developed or is impaired;</p> <p>(c) Maintenance and enhancement of capabilities without which performance in occupations would decline;</p> <p>(d) Health promotion and wellness to enable or enhance performance and safety of occupations; and</p> <p>(e) Prevention of barriers to performance, including disability prevention;</p> <p>(iv) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation, including:</p> <p>(a) Therapeutic use of occupations, exercises and activities;</p> <p>(b) Training in self-care, self-management, home management and community/work reintegration;</p> <p>(c) Development, remediation or compensation of physical, cognitive, neuromuscular and sensory functions and behavioral skills;</p> <p>(d) Therapeutic use of self, including an individual's personality, insights, perceptions and judgments as part of the therapeutic process;</p> <p>(e) Education and training of individuals, family members, caregivers and others;</p> <p>(f) Care coordination, case management, discharge planning and transition services;</p> <p>(g) Consulting services to groups, programs, organizations or communities;</p> <p>(h) Assessment, recommendations and training in techniques and equipment to enhance functional mobility, including wheelchair management;</p> <p>(i) Driver rehabilitation and community mobility; and</p> <p>(j) Management of feeding and eating skills to enable feeding and eating performance;</p> <p>(v) Management of occupational therapy services, including the planning, organizing, staffing, coordinating, directing or controlling of individuals and organizations;</p> <p>(vi) Providing instruction in occupational therapy to students in an accredited occupational therapy or occupational therapy assistant educational program by persons who are trained as occupational therapists or occupational therapy assistants; and</p> <p>(vii) Administration, interpretation and application of research to occupational therapy services;</p> <p>(B) Occupational therapy services are provided for the purpose of promoting health and wellness to those clients who have, or are at risk of developing, illness, injury, disease, disorder, impairment, disability, activity limitation or participation restriction and may include:</p> <p>(i) Training in the use of prosthetic devices;</p>	

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	<p>(ii) Assessment, design, development, fabrication, adaptation, application, fitting and training in the use of assistive technology and adaptive and selective orthotic devices;</p> <p>(iii) Application of physical agent modalities with proper training and certification;</p> <p>(iv) Assessment and application of ergonomic principles;</p> <p>(v) Adaptation or modification of environments, at home, work, school or community, and use of a range of therapeutic procedures, such as wound care management, techniques to enhance sensory, perceptual and cognitive processing and manual therapy techniques, to enhance performance skills, occupational performance or the promotion of health and wellness; and</p> <p>(vi) Practice of dry needling of the upper limb, with proper training and certification;</p> <p>(C) Occupational therapy practice may occur in a variety of settings, including, but not limited to:</p> <p>(i) Institutional inpatient settings, such as acute rehabilitation facilities, psychiatric hospitals, community and specialty hospitals, nursing facilities and prisons;</p> <p>(ii) Outpatient settings, such as clinics, medical offices and therapist offices;</p> <p>(iii) Home and community settings, such as homes, group homes, assisted living facilities, schools, early intervention centers, daycare centers, industrial and business facilities, hospices, sheltered workshops, wellness and fitness centers and community mental health facilities;</p> <p>(iv) Research facilities;</p> <p>(v) Educational institutions; and</p> <p>(vi) Telehealth, telemedicine, or provider-based telemedicine, as authorized by § 63-1-155; and</p> <p>(D) “Occupational therapy practice” includes specialized services provided by occupational therapists or occupational therapy assistants who are certified or trained in areas of specialization that include, but are not limited to, hand therapy, neurodevelopmental treatment, dry needling of the upper limb, sensory integration, pediatrics, geriatrics and neurorehabilitation, through programs approved by AOTA or other nationally recognized organizations;</p> <p><u>Statute: Tennessee Code Annotated §63-1-155, Telehealth services — Establishment of provider-patient relationship — Standard of practice — Applicability.</u></p> <p>(a) For the purposes of this section:</p> <p>(1) “Healthcare provider” means:</p> <p>(A) An individual acting within the scope of a valid license issued pursuant to this title;</p> <p>(B) Any state-contracted crisis service provider that is employed by a facility licensed under title 33; or</p> <p>(C) Any alcohol and drug abuse counselor licensed under title 68, chapter 24, part 6; and</p> <p>(2) Notwithstanding any restriction imposed by §§ 56-7-1002 and 56-7-1003, “telehealth,” “telemedicine,” and “provider-based telemedicine” mean the use of real time audio, video, or other electronic media and telecommunication technology that enables interaction between a healthcare provider and a patient, or also store-and-forward telemedicine services as defined in § 56-7-1002,</p>	

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	<p>for the purpose of diagnosis, consultation, or treatment of a patient at a distant site where there may be no in-person exchange between a healthcare provider and a patient.</p> <p>(b) For the purposes of this section, a healthcare provider-patient relationship with respect to telemedicine or telehealth is created by mutual consent and mutual communication, except in an emergency, between the patient and the provider. The consent by the patient may be expressed or implied consent; however, the provider-patient relationship is not created simply by the receipt of patient health information by a provider unless a prior provider-patient relationship exists. The duties and obligations created by the relationship do not arise until the healthcare provider:</p> <p>(1) Affirmatively undertakes to diagnose or treat the patient; or</p> <p>(2) Affirmatively participates in the diagnosis or treatment.</p> <p>(c)</p> <p>(1)</p> <p>(A) A healthcare provider who delivers services through the use of telehealth is held to the same standard of professional practice as a similar licensee of the same practice area or specialty that is providing the same healthcare services through in-person encounters, and nothing in this section is intended to create any new standards of care.</p> <p>(B) Notwithstanding subdivision (c)(1)(A), telehealth services must be provided in compliance with the guidelines created pursuant to part 4 of this chapter.</p> <p>(2) The board or licensing entity governing any healthcare provider covered by this section shall not establish a more restrictive standard of professional practice for the practice of telehealth than that specifically authorized by the provider's practice act or other specifically applicable statute, including this chapter or title 53, chapter 10 or 11.</p> <p>(3) This section does not apply to pain management clinics, as defined in § 63-1-301, chronic nonmalignant pain treatment, or those individuals licensed pursuant to chapter 12 of this title.</p> <p>(d) Sections 63-6-231 and 63-6-214(b)(21) do not apply to the practice of telemedicine under this section.</p> <p>(e) This section does not apply to or restrict the requirements of § 63-6-241.</p> <p>(f) Section 63-6-204(a) also applies to telemedicine.</p> <p>(g)</p> <p>(1) Except as provided in subdivision (g)(2), to practice under this section a healthcare provider must be licensed to practice in this state under this title.</p> <p>(2) A physician must be licensed to practice under chapter 6 or 9 of this title in order to practice telemedicine pursuant to § 63-6-209(b), except as otherwise authorized by law or rule.</p> <p>(h)</p> <p>(1) Notwithstanding subsection (a), for the purposes of this section "healthcare provider" means:</p> <p>(A) Any provider licensed under this title;</p> <p>(B) Any state-contracted crisis service provider that is employed by a facility licensed under title 33; or</p> <p>(C) Any alcohol and drug abuse counselor licensed under title 68, chapter 24, part 6.</p> <p>(2) This subsection (h) is repealed on April 1, 2022.</p>	

State	Citation and Provisions ¹	Notes
Texas	<p>Regulation: Texas Administrative Code Title 40, Part 12</p> <p>§ 362.1 Definitions. (39) Telehealth--A mode of service delivery for the provision of occupational therapy services delivered by an occupational therapy practitioner to a client at a different physical location using telecommunications or information technology. Telehealth refers only to the practice of occupational therapy by occupational therapy practitioners who are licensed by this Board with clients who are located in Texas at the time of the provision of occupational therapy services. Also may be known as other terms including but not limited to telepractice, telecare, telerehabilitation, and e-health services.</p> <p>§ 372.1 Provision of Services</p> <p>(e) Evaluation. (1) Only an occupational therapist may perform an initial evaluation or any reevaluations. (2) An occupational therapy plan of care must be based on an occupational therapy evaluation. (3) The occupational therapist is responsible for determining whether any aspect of the evaluation may be conducted via telehealth or must be conducted in person. (4) The occupational therapist must have contact with the client during the evaluation via telehealth using synchronous audiovisual technology or in person. Other telecommunications or information technology may be used to aid in the evaluation but may not be the primary means of contact or communication. (5) The occupational therapist may delegate to an occupational therapy assistant or temporary licensee the collection of data for the evaluation. The occupational therapist is responsible for the accuracy of the data collected by the assistant.</p> <p>(f) Plan of Care. (7) Except where otherwise restricted by rule, the occupational therapy practitioner is responsible for determining whether any aspect of the intervention session may be conducted via telehealth or must be conducted in person. (8) The occupational therapy practitioners must have contact with the client during the intervention session via telehealth using synchronous audiovisual technology or in person. Other telecommunications or information technology may be used to aid in the intervention session but may not be the primary means of contact or communication.</p> <p>§ 373.1 Supervision of non-Licensed Personnel (c) Supervision of other non-licensed personnel either on-site or via telehealth requires that the occupational therapy practitioner maintain line of sight.</p> <p>§374.4. Code of Ethics. VERACITY Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.</p>	<p>COVID-19 update: Governor signed legislation ensuring that Medicaid recipients have the option to receive services via telehealth or otherwise using telecommunications or information technology (includes occupational therapy services); several Medicaid and CHIP telehealth flexibilities have been extended until August 31, 2021.</p>

State	Citation and Provisions ¹	Notes
	<p>RELATED STANDARDS OF CONDUCT Occupational therapy personnel shall: J. Maintain privacy and truthfulness when utilizing telecommunication in delivery of occupational therapy services.</p>	
Utah	<p>Statute: Utah Code §26-60-102, Definitions. As used in this chapter: (1) "Asynchronous store and forward transfer" means the transmission of a patient's health care information from an originating site to a provider at a distant site. (2) "Distant site" means the physical location of a provider delivering telemedicine services. (3) "Originating site" means the physical location of a patient receiving telemedicine services. (4) "Patient" means an individual seeking telemedicine services. (5) (a) "Patient-generated medical history" means medical data about a patient that the patient creates, records, or gathers. (b) "Patient-generated medical history" does not include a patient's medical record that a healthcare professional creates and the patient personally delivers to a different healthcare professional. (6) "Provider" means an individual who is: (a) licensed under Title 26, Chapter 21, Health Care Facility Licensing and Inspection Act; (b) licensed under Title 58, Occupations and Professions, to provide health care; or (c) licensed under Title 62A, Chapter 2, Licensure of Programs and Facilities. (7) "Synchronous interaction" means real-time communication through interactive technology that enables a provider at a distant site and a patient at an originating site to interact simultaneously through two-way audio and video transmission. (8) "Telehealth services" means the transmission of health-related services or information through the use of electronic communication or information technology. (9) "Telemedicine services" means telehealth services: (a) including: (i) clinical care; (ii) health education; (iii) health administration; (iv) home health; (v) facilitation of self-managed care and caregiver support; or (vi) remote patient monitoring occurring incidentally to general supervision; and (b) provided by a provider to a patient through a method of communication that: (i) (A) uses asynchronous store and forward transfer; or (B) uses synchronous interaction; and (ii) meets industry security and privacy standards, including compliance with: (A) the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended; and (B) the federal Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended.</p>	<p>No OT specific statute or regulation, but statute and regulation definition of provider does include occupational therapists. AOTA staff has reached out to the Board for clarification on potential updates to statutes, regulations, or policy statements.</p> <p>As of February, 23, 2021, amendments to the regulations included here have been proposed.</p> <p>COVID-19 update: Medicaid adopted a rule authorizing an enrolled provider to deliver covered services via a synchronous telehealth platform as clinically appropriate.</p>

State	Citation and Provisions ¹	Notes
	<p>§26-60-103. Scope of telehealth practice.</p> <p>(1) A provider offering telehealth services shall:</p> <ul style="list-style-type: none"> (a) at all times: <ul style="list-style-type: none"> (i) act within the scope of the provider's license under Title 58, Occupations and Professions, in accordance with the provisions of this chapter and all other applicable laws and rules; and (ii) be held to the same standards of practice as those applicable in traditional health care settings; (b) if the provider does not already have a provider-patient relationship with the patient, establish a provider-patient relationship during the patient encounter in a manner consistent with the standards of practice, determined by the Division of Professional Licensing in rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, including providing the provider's licensure and credentials to the patient; (c) in accordance with Title 58, Chapter 82, Electronic Prescribing Act, before providing treatment or prescribing a prescription drug, establish a diagnosis and identify underlying conditions and contraindications to a recommended treatment after: <ul style="list-style-type: none"> (i) obtaining from the patient or another provider the patient's relevant clinical history; and (ii) documenting the patient's relevant clinical history and current symptoms; (d) be available to a patient who receives telehealth services from the provider for subsequent care related to the initial telemedicine services, in accordance with community standards of practice; (e) be familiar with available medical resources, including emergency resources near the originating site, in order to make appropriate patient referrals when medically indicated; (f) in accordance with any applicable state and federal laws, rules, and regulations, generate, maintain, and make available to each patient receiving telehealth services the patient's medical records; and (g) if the patient has a designated health care provider who is not the telemedicine provider: <ul style="list-style-type: none"> (i) consult with the patient regarding whether to provide the patient's designated health care provider a medical record or other report containing an explanation of the treatment provided to the patient and the telemedicine provider's evaluation, analysis, or diagnosis of the patient's condition; (ii) collect from the patient the contact information of the patient's designated health care provider; and (iii) within two weeks after the day on which the telemedicine provider provides services to the patient, and to the extent allowed under HIPAA as that term is defined in Section 26-18-17, provide the medical record or report to the patient's designated health care provider, unless the patient indicates that the patient does not want the telemedicine provider to send the medical record or report to the patient's designated health care provider. <p>(2) Subsection (1)(g) does not apply to prescriptions for eyeglasses or contacts.</p>	

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	<p>(3) Except as specifically provided in Title 58, Chapter 83, Online Prescribing, Dispensing, and Facilitation Licensing Act, and unless a provider has established a provider-patient relationship with a patient, a provider offering telemedicine services may not diagnose a patient, provide treatment, or prescribe a prescription drug based solely on one of the following:</p> <ul style="list-style-type: none"> (a) an online questionnaire; (b) an email message; or (c) a patient-generated medical history. <p>(4) A provider may not offer telehealth services if:</p> <ul style="list-style-type: none"> (a) the provider is not in compliance with applicable laws, rules, and regulations regarding the provider's licensed practice; or (b) the provider's license under Title 58, Occupations and Professions, is not active and in good standing. <p>§26-60-104. Enforcement.</p> <p>(1) The Division of Occupational and Professional Licensing created in Section 58-1-103 is authorized to enforce the provisions of Section 26-60-103 as it relates to providers licensed under Title 58, Occupations and Professions.</p> <p>(2) The department is authorized to enforce the provisions of Section 26-60-103 as it relates to providers licensed under this title.</p> <p>(3) The Department of Human Services created in Section 62A-1-102 is authorized to enforce the provisions of Section 26-60-103 as it relates to providers licensed under Title 62A, Chapter 2, Licensure of Programs and Facilities.</p> <p><u>Regulation:</u> Utah Administrative Code Rule R156-1, General Rules of the Department of Professional Licensure</p> <p>R156-1-602. Telehealth - Definitions.</p> <p>In accordance with Section 26-60-103 and Subsection 26-60-104(1), in addition to the definitions in Title 26, Chapter 60, Telehealth Act, as used in Title 58 or this Title R156 the following rule definitions supplement the statutory definitions:</p> <ul style="list-style-type: none"> (1) "Originating site" means the same as defined in Subsection 26-60-102(3). (2) "Patient" means the same as defined in Subsection 26-60-102(4). (3) "Patient Encounter" means any encounter where medical treatment and evaluation and management services are provided. The entire course of an inpatient stay in a healthcare facility or treatment in an emergency department is a single patient encounter. (4) "Provider" means the same as defined in Subsection 26-60-102(6)(b), an individual licensed under Title 58 to provide health care services, and: <ul style="list-style-type: none"> (a) shall include an individual exempt from licensure as defined in Section 58-1-307 who provides health care services within the individual's scope of practice under Title 58, Occupations and Professions; and 	

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	<p>(b) may include multiple providers obtaining informed consent and providing care as a team, consistent with the standards of practice applicable to a broader practice model found in traditional health care settings.</p> <p>(5) "Telehealth services" means the same as defined in Subsection 26-60-102(8).</p> <p>(6) "Telemedicine services" means the same as defined in Subsection 26-60-102(9).</p> <p>R156-1-603. Telehealth - Scope of Telehealth Practice.</p> <p>(1) (a) In accordance with Subsection 26-60-103(1), a provider offering telehealth services shall, prior to each patient encounter:</p> <ul style="list-style-type: none"> (i) verify the patient's identity and originating site; (ii) allow the patient an opportunity to select their provider rather than being assigned a provider at random, to the extent possible; and (iii) ensure that the online site does not restrict the patient's choice to select a specific pharmacy for pharmacy services; and <p>(b) prior to each initial patient encounter, and at least annual intervals, obtain informed consent to the use of telehealth services by clear disclosure of:</p> <ul style="list-style-type: none"> (i) additional fees for telehealth services, if any, and how payment is to be made for those additional fees if they are charged separately; (ii) to whom patient health information may be disclosed and for what purpose, including clear reference to any patient consent governing release of patient-identifiable information to a third-party; (iii) the rights of the patient with respect to patient health information; (iv) appropriate uses and limitations of the site, including emergency health situations; (v) information affirming that the telehealth services meet industry security and privacy standards in Subsection 26-60-102(9)(b)(ii), and warning of potential risks to privacy regardless of the security measures; (vi) a warning that information may be lost due to technical failures, and clearly referencing any patient consent to hold the provider harmless for such loss; and (vii) information disclosing the website owner-operator, location, and contact information. <p>(2) In accordance with Subsection 26-60-103(1)(d), a provider offering telehealth services shall be available to the patient for subsequent care related to the initial telemedicine services as follows:</p> <ul style="list-style-type: none"> (a) providing the patient with a clear mechanism to: <ul style="list-style-type: none"> (i) access, supplement, and amend patient-provided personal health information; (ii) contact the provider for subsequent care; (iii) obtain upon request an electronic or hard copy of the patient's medical record documenting the telemedicine services, including the informed consent provided; and 	

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	<p>(iv) request a transfer to another provider of the patient's medical record documenting the telemedicine services; and</p> <p>(b) if the provider recommends that the patient be seen in person, such as if diagnosis requires a physical examination, lab work, or imaging studies:</p> <p>(i) arranging to see the patient in person, or directing the patient to the patient's regular provider, or if none, to an appropriate provider; and</p> <p>(ii) documenting the recommendation in the patient's medical record; and</p> <p>(c) upon patient request, electronically transferring to another provider the patient's medical record documenting the telemedicine services, within a reasonable time frame allowing for timely care of the patient by that provider.</p> <p>(3) Nothing in this section shall prohibit electronic communications consistent with standards of practice applicable in traditional health care settings, including the following:</p> <p>(a) between a provider and a patient with a preexisting provider-patient relationship;</p> <p>(b) between a provider and another provider concerning a patient with whom the other provider has a provider-patient relationship;</p> <p>(c) in on-call or cross coverage situations when the provider has access to patient records;</p> <p>(d) in broader practice models when multiple providers provide care as a team, including, for example:</p> <p>(i) within an existing organization; or</p> <p>(ii) within an emergency department; or</p> <p>(e) in an emergency, which as used in this section means a situation when there is an occurrence posing an imminent threat of a life-threatening condition or severe bodily harm.</p>	
Vermont	<p>Statute: Vermont Statutes Annotated Title 8, Chapter 107, § 4100k (8 VSA §4100k)</p> <p>(1) "Distant site" means the location of the health care provider delivering services through telemedicine at the time the services are provided.</p> <p>(4) "Health care provider" means a person, partnership, or corporation, other than a facility or institution, that is licensed, certified, or otherwise authorized by law to provide professional health care services, including dental services, in this State to an individual during that individual's medical care, treatment, or confinement.</p> <p>(5) "Originating site" means the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center, or the patient's workplace.</p> <p>(6) "Store and forward" means an asynchronous transmission of medical information, such as one or more video clips, audio clips, still images, x-rays, magnetic resonance imaging scans, electrocardiograms, electroencephalograms, or laboratory results, sent over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 to be reviewed at a later date by a health care provider at a distant site who is trained in the relevant specialty. In store and forward, the health care provider at the distant site reviews the medical information without the</p>	<p>No statute or regulations specific to OT and telehealth.</p> <p>COVID-19 update: Governor signed legislation that expanded patients' access to and providers' reimbursement for health care services delivered remotely through telehealth, audio-only telephone, and brief telecommunication services and requires a health insurance plan to reimburse for telehealth services at the same rate as in-person services.</p>

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	<p>patient present in real time and communicates a care plan or treatment recommendation back to the patient or referring provider, or both.</p> <p>(7) "Telemedicine" means the delivery of health care services, including dental services, such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.</p> <p><u>Statute: Vermont Statutes Annotated Title 18, Chapter 219 Health Information Technology and Telehealth (8 VSA §§ 9361-9362)</u></p> <p>§ 9361. Health care providers delivering health care services through telemedicine or by store-and-forward means</p> <p>(a) As used in this section, "distant site," "health care provider," "originating site," "store and forward," and "telemedicine" shall have the same meanings as in 8 V.S.A. § 4100k.</p> <p>(b) Subject to the limitations of the license under which the individual is practicing, a health care provider licensed in this State may prescribe, dispense, or administer drugs or medical supplies, or otherwise provide treatment recommendations to a patient after having performed an appropriate examination of the patient in person, through telemedicine, or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically. Treatment recommendations made via electronic means, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional provider-patient settings.</p> <p>(c) (1) A health care provider delivering health care services or dental services through telemedicine shall obtain and document a patient's oral or written informed consent for the use of telemedicine technology prior to delivering services to the patient.</p> <p>(A) The informed consent for telemedicine services shall be provided in accordance with Vermont and national policies and guidelines on the appropriate use of telemedicine within the provider's profession and shall include, in language that patients can easily understand:</p> <ul style="list-style-type: none"> (i) an explanation of the opportunities and limitations of delivering health care services or dental services through telemedicine; (ii) informing the patient of the presence of any other individual who will be participating in or observing the patient's consultation with the provider at the distant site and obtaining the patient's permission for the participation or observation; and (iii) assurance that all services the health care provider delivers to the patient through telemedicine will be delivered over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191. 	

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	<p>(B) For services delivered through telemedicine on an ongoing basis, the health care provider shall be required to obtain consent only at the first episode of care.</p> <p>(2) The provider shall include the patient's written consent in the patient's medical record or document the patient's oral consent in the patient's medical record.</p> <p>(3) A health care provider delivering telemedicine services through a contract with a third-party vendor shall comply with the provisions of this subsection (c) to the extent permissible under the terms of the contract. If the contract requires the health care provider to use the vendor's own informed consent provisions instead of those set forth in this subsection, the health care provider shall be deemed to be in compliance with the requirements of this subsection if he or she adheres to the terms of the vendor's informed consent policies.</p> <p>(4) Notwithstanding any provision of this subsection to the contrary, a health care provider shall not be required to obtain a patient's informed consent for the use of telemedicine in the following circumstances:</p> <p>(A) in the case of a medical emergency;</p> <p>(B) for the second certification of an emergency examination determining whether an individual is a person in need of treatment pursuant to section 7508 of this title; or</p> <p>(C) for a psychiatrist's examination to determine whether an individual is in need of inpatient hospitalization pursuant to 13 V.S.A. § 4815(g)(3).</p> <p>(d) Neither a health care provider nor a patient shall create or cause to be created a recording of a provider's telemedicine consultation with a patient.</p> <p>(e) (1) A patient receiving health care services or dental services by store-and-forward means shall be informed of the patient's right to refuse to receive services in this manner and to request services in an alternative format, such as through real-time telemedicine services or an in-person visit.</p> <p>(2) Receipt of services by store-and-forward means shall not preclude a patient from receiving real-time telemedicine services or an in-person visit with the distant site health care provider at a future date.</p> <p>(3) Originating site health care providers involved in the store-and-forward process shall obtain informed consent from the patient as described in subsection (c) of this section.</p> <p>§ 9362 Health Care Providers Delivering Health Care Services By Audio-Only Telephone</p> <p>(a) As used in this section, "health insurance plan" and "health care provider" have the same meaning as in 8 V.S.A. § 4100l and "telemedicine" has the same meaning as in 8 V.S.A. § 4100k.</p> <p>(b) (1) Subject to the limitations of the license under which the individual is practicing and, for Medicaid patients, to the extent permitted by the Centers for Medicare and Medicaid Services, a health care provider may deliver health care services to a patient using audio-only telephone if the patient elects to receive the services in this manner and it is clinically appropriate to do so. A health care</p>	

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	<p>provider shall comply with any training requirements imposed by the provider's licensing board on the appropriate use of audio-only telephone in health care delivery.</p> <p>(2) A health care provider delivering health care services using audio-only telephone shall include or document in the patient's medical record:</p> <ul style="list-style-type: none"> (A) the patient's informed consent for receiving services using audio-only telephone in accordance with subsection (c) of this section; and (B) the reason or reasons that the provider determined that it was clinically appropriate to deliver health care services to the patient by audio-only telephone. <p>(3) (A) A health care provider shall not require a patient to receive health care services by audio-only telephone if the patient does not wish to receive services in this manner.</p> <p>(B) A health care provider shall deliver care that is timely and complies with contractual requirements and shall not delay care unnecessarily if a patient elects to receive services through an in-person visit or telemedicine instead of by audio-only telephone.</p> <p>(c) A health care provider delivering health care services by audio-only telephone shall obtain and document a patient's oral or written informed consent for the use of audio-only telephone prior to the appointment or at the start of the appointment but prior to delivering any billable service.</p> <p>(1) The informed consent for audio-only telephone services shall be provided in accordance with Vermont and national policies and guidelines on the appropriate use of telephone services within the provider's profession and shall include, in language that patients can easily understand:</p> <ul style="list-style-type: none"> (A) that the patient is entitled to choose to receive services by audio-only telephone, in person, or through telemedicine, to the extent clinically appropriate; (B) that receiving services by audio-only telephone does not preclude the patient from receiving services in person or through telemedicine at a later date; (C) an explanation of the opportunities and limitations of delivering and receiving health care services using audio-only telephone; (D) informing the patient of the presence of any other individual who will be participating in or listening to the patient's consultation with the provider and obtaining the patient's permission for the participation or observation; (E) whether the services will be billed to the patient's health insurance plan if delivered by audio-only telephone and what this may mean for the patient's financial responsibility for co-payments, coinsurance, and deductibles; and (F) informing the patient that not all audio-only health care services are covered by all health plans. <p>(2) For services delivered by audio-only telephone on an ongoing basis, the health care provider shall be required to obtain consent only at the first episode of care.</p> <p>(3) If the patient provides oral informed consent, the provider shall offer to provide the patient with a written copy of the informed consent.</p>	

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	<p>(4) Notwithstanding any provision of this subsection to the contrary, a health care provider shall not be required to obtain a patient's informed consent for the use of audio-only telephone services in the case of a medical emergency.</p> <p>(5) A health care provider may use a single informed consent form to address all telehealth modalities, including telemedicine, store and forward, and audio-only telephone, as long as the form complies with the provisions of section 9361 of this chapter and this section.</p> <p>(d) Neither a health care provider nor a patient shall create or cause to be created a recording of a provider's telephone consultation with a patient.</p> <p>(e) Audio-only telephone services shall not be used in the following circumstances:</p> <p>(1) for the second certification of an emergency examination determining whether an individual is a person in need of treatment pursuant to section 7508 of this title; or</p> <p>(2) for a psychiatrist's examination to determine whether an individual is in need of inpatient hospitalization pursuant to 13 V.S.A. § 4815(g)(3).</p>	
Virginia	<p><u>Board of Medicine Guidance Document 85-12:</u> Section One: Preamble. The Virginia Board of Medicine ("Board") recognizes that using telemedicine services in the delivery of medical services offers potential benefits in the provision of medical care. The appropriate application of these services can enhance medical care by facilitating communication between practitioners, other health care providers, and their patients, prescribing medication, medication management, obtaining laboratory results, scheduling appointments, monitoring chronic conditions, providing health care information, and clarifying medical advice. With the exception of prescribing controlled substances, the Virginia General Assembly has not established statutory parameters regarding the provision and delivery of telemedicine services. Therefore, practitioners must apply existing laws and regulations to the provision of telemedicine services. The Board issues this guidance document to assist practitioners with the application of current laws to telemedicine service practices.</p> <p>These guidelines should not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not authorized by law. In fact, these guidelines support a consistent standard of care and scope of practice notwithstanding the delivery tool or business method used to enable practitioner-to-patient communications. For the purpose of prescribing controlled substances, a practitioner using telemedicine services in the provision of medical services to a patient (whether existing or new) must take appropriate steps to establish the practitioner-patient relationship as defined in Virginia Code § 54.1-3303. A practitioner should conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of telemedicine services as a component of, or in lieu of, in-person provision of medical care, while others are not. The practitioner is responsible for making this determination, and in doing so must adhere to applicable laws and standards of care.</p>	<p>COVID-19 update: Governor signed legislation eliminating restrictions on originating sites and the requirement that a care provider accompany a patient during a telehealth session, allowing care providers to treat a patient in the patient's home or another location, and directing the Medicaid program to continue covering audio-only phone services, among other items.</p>

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	<p>The Board has developed these guidelines to educate licensees as to the appropriate use of telemedicine services in the practice of medicine. The Board is committed to ensuring patient access to the convenience and benefits afforded by telemedicine services, while promoting the responsible provision of health care services.</p> <p>It is the expectation of the Board that practitioners who provide medical care, electronically or otherwise, maintain the highest degree of professionalism and should:</p> <ul style="list-style-type: none"> • Place the welfare of patients first; • Maintain acceptable and appropriate standards of practice; • Adhere to recognized ethical codes governing the applicable profession; • Adhere to applicable laws and regulations; • In the case of physicians, properly supervise non-physician clinicians when required to do so by statute; and • Protect patient confidentiality. <p>Section Two: Establishing the Practitioner-Patient Relationship.</p> <p>The practitioner-patient relationship is fundamental to the provision of acceptable medical care. It is the expectation of the Board that practitioners recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a practitioner-patient relationship. Where an existing practitioner-patient relationship is not present (This guidance document is not intended to address existing patient-practitioner relationships established through in-person visits.) a practitioner must take appropriate steps to establish a practitioner-patient relationship consistent with the guidelines identified in this document, with Virginia law, and with any other applicable law. (The practitioner must adhere not only to Virginia law defining a practitioner-patient relationship, but the law in any state where a patient is receiving services that defines the practitioner-patient relationship.) While each circumstance is unique, such practitioner-patient relationships may be established using telemedicine services provided the standard of care is met.</p> <p>A practitioner is discouraged from rendering medical advice and/or care using telemedicine services without (1) fully verifying and authenticating the location and, to the extent possible, confirming the identity of the requesting patient; (2) disclosing and validating the practitioner's identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telemedicine services. An appropriate practitioner-patient relationship has not been established when the identity of the practitioner may be unknown to the patient.</p> <p>Section Three: Guidelines for the Appropriate Use of Telemedicine Services.</p> <p>The Board has adopted the following guidelines for practitioners utilizing telemedicine services in the delivery of patient care, regardless of an existing practitioner-patient relationship prior to an encounter.</p>	

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	<p><u>Licensure:</u> The practice of medicine occurs where the patient is located at the time telemedicine services are used, and insurers may issue reimbursements based on where the practitioner is located. Therefore, a practitioner must be licensed by, or under the jurisdiction of, the regulatory board of the state where the patient is located and the state where the practitioner is located. Practitioners who treat or prescribe through online service sites must possess appropriate licensure in all jurisdictions where patients receive care. To ensure appropriate insurance coverage, practitioners must make certain that they are compliant with federal and state laws and policies regarding reimbursements.</p> <p><u>Evaluation and Treatment of the Patient:</u> A documented medical evaluation and collection of relevant clinical history commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions and/or contra indications to the treatment recommended/provided must be obtained prior to providing treatment, which treatment includes the issuance of prescriptions, electronically or otherwise. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional, in-person encounters. Treatment, including issuing a prescription based solely on an online questionnaire, does not constitute an acceptable standard of care.</p> <p><u>Informed Consent:</u> Evidence documenting appropriate patient informed consent for the use of telemedicine services must be obtained and maintained. Appropriate informed consent should, as a baseline, include the following:</p> <ul style="list-style-type: none"> • Identification of the patient, the practitioner, and the practitioner's credentials; • Types of activities permitted using telemedicine services (e.g., prescription refills, appointment scheduling, patient education, etc.); • Agreement by the patient that it is the role of the practitioner to determine whether or not the condition being diagnosed and/or treated is appropriate for a telemedicine encounter; • Details on security measures taken with the use of telemedicine services, such as encrypting date of service, password protected screen savers, encrypting data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy notwithstanding such measures; • Hold harmless clause for information lost due to technical failures; and • Requirement for express patient consent to forward patient-identifiable information to a third party. <p><u>Medical Records:</u> The medical record should include, if applicable, copies of all patient-related electronic communications, including patient-practitioner communication, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of telemedicine services. Informed consents obtained in connection with an encounter involving telemedicine services should also be filed in the medical record. The patient record established during the</p>	

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	<p>use of telemedicine services must be accessible to both the practitioner and the patient, and consistent with all established laws and regulations governing patient healthcare records.</p> <p><u>Privacy and Security of Patient Records and Exchange of Information:</u> Written policies and procedures should be maintained for documentation, maintenance, and transmission of the records of encounters using telemedicine services. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the practitioner addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required patient information to be included in the communication, such as patient name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be periodically evaluated for currency and be maintained in an accessible and readily available manner for review.</p>	
Washington	<p>Regulation: Washington Administrative Code Title 246, Chapter 847, Section 176, Telehealth. (1) "Telehealth" means providing occupational therapy via electronic communication where the occupational therapist or occupational therapy assistant and the patient are not at the same physical location. (2) An occupational therapist or occupational therapy assistant using telehealth to provide therapy to patients in Washington must be licensed to provide occupational therapy in Washington. (3) Licensed occupational therapists and occupational therapy assistants may provide occupational therapy via telehealth following all requirements for supervision and standard of care, including those defined in chapters 18.59 RCW and 246-847 WAC. (4) The occupational therapist or occupational therapy assistant must identify in the clinical record that the occupational therapy occurred via telehealth.</p>	<p>COVID-19 update: Governor signed legislation that requires, beginning January 1, 2023 for audio-only telemedicine, that an insured person has an established relationship with the health care provider, allows a hospital to be an originating site for audio-only telemedicine and sets forth patient consent requirements for audio-only services; Apple Health revised various policies related to telehealth which went into effect on Jul 1, 2021.</p>
West Virginia	<p>Regulation: West Virginia Code of State Rules Title 13, Series 9, Telehealth Practice; Requirements; Definitions. §13-9-2. Definitions. 2.1. "Board" means the West Virginia Board of Occupational Therapy established pursuant to W. Va. Code §30-28-1 et seq. 2.2. "Occupational Therapist" or "Occupational Therapy Assistant" means a person licensed by the board to practice occupational therapy in West Virginia. 2.3. "Store and forward" means the asynchronous communication of medical data or images from an originating location to an occupational therapist or occupational therapy assistant at another site for the purpose of therapeutic assistance. 2.4. "Telehealth" is the application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies. Occupational therapy services provided by means of a telehealth service delivery model can be synchronous, that is, delivered through interactive technologies in real time, or asynchronous, using store-and-forward technologies. Telehealth is considered</p>	<p>COVID-19 update: Governor signed legislation expanding the use of telemedicine by allowing medical personnel to participate in telemedicine visits, ensuring parity between telemedicine and in-person visits, and restricting the ability of medical professional boards to restrict telemedicine beyond what is in the statute; OT licensing board adopted telemedicine rules in May, 2021.</p>

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	<p>the same as teletherapy, telerehabilitation, and telepractice in various settings and for the purpose of this rule.</p> <p>2.5. "Telehealth technologies" means technologies and devices which enable secure electronic communications and information exchange in the practice of telehealth, and typically involve the application of secure real-time audio/video conferencing or similar secure video services or store and forward digital image technology to provide occupational therapy services by replicating the interaction of a traditional in-person encounter between an occupational therapist or occupational therapy assistant and a patient.</p> <p>§13-9-3. Licensure.</p> <p>3.1. The practice of occupational therapy occurs where the client is physically located at the time the telehealth technologies are used.</p> <p>3.2 An occupational therapist or occupational therapy assistant who practices telehealth must be licensed as provided in this article.</p> <p>§13-9-4. Practitioner-patient relationship through telehealth.</p> <p>4.1. A practitioner-patient relationship may not be established through audio-only, written forms of communication, such as e-mail or text-based messaging, or any combination thereof.</p> <p>4.2. If an existing practitioner-patient relationship is not present prior to the utilization of telehealth technologies, or if services are rendered solely through telehealth technologies, a practitioner-patient relationship may only be established through the use of telehealth technologies which incorporate interactive audio using store and forward technology, real-time videoconferencing or similar secure video services during the initial patient evaluation.</p> <p>4.3. Once a practitioner-patient relationship has been established, either through an in-person encounter or in accordance with section 4.2 of this rule, the practitioner may utilize any telehealth technology that meets the standard of care and is appropriate for the patient.</p> <p>§13-9-5. Telehealth practice.</p> <p>5.1. Prior to providing occupational therapy services via telehealth:</p> <p>5.1.a. An occupational therapist shall determine whether an in-person evaluation is necessary and make every attempt to ensure that a therapist is available if an on-site visit is required;</p> <p>5.1.b. An occupational therapist shall determine whether in-person interventions are necessary and make every attempt to ensure an on-site occupational therapist or occupational therapy assistant shall provide the appropriate interventions;</p> <p>5.1.c. Occupational therapy personnel shall obtain informed consent of the delivery of service via telehealth from the patient/client prior to initiation of occupational therapy services via telehealth and maintain documentation of the consent-to-treat process and content in the patient's or client's health records.</p> <p>5.2. An occupational therapist or occupational therapy assistant providing occupational therapy services via telehealth must:</p>	

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	<p>5.2.a. Exercise the same standard of care when providing occupational therapy services via telehealth as with any other mode of service delivery;</p> <p>5.2.b. Comply with provisions of W. Va. Code §30-28- et seq., the Occupational Therapy Practice Act and its Legislative Rules;</p> <p>5.2.c. Secure and maintain the confidentiality of medical information of the patient/client as required by HIPAA and state and federal law. The nature of the service delivery as being performed through telehealth should be thoroughly documented.</p> <p>5.3. Occupational therapy assistants working under general supervision, as defined in §13-1-2.6, can provide services via telehealth. Telehealth cannot be used when direct supervision, as defined in §13-1-2.3, is required (i.e. Limited Permit holders, students, aides). All supervision requirements, as defined in §13-1-12, must be followed.</p>	
Wisconsin		<p>No statute or regulations specific to OT and telehealth, Board has not taken a position. AOTA staff has reached out to the Board for clarification on potential updates to statutes, regulations, or policy statements.</p> <p>COVID-19 update: OT Affiliated Credentialing Board announced consideration of permanent rules to establish telehealth practice and conduct standards.</p>
Wyoming	<p>Statute: Wyoming Statutes §33-40-102, Definitions.</p> <p>(a) As used in this act:</p> <p>(v) "Occupational therapy telehealth" means the provision of occupational therapy services across a distance, using telecommunications technology for the evaluation, intervention or consultation without requiring the occupational therapist and recipient to be physically located in the same place;</p> <p>Regulation: Wyoming Administrative Rules Occupational Therapy Board Chapter 3, Section 4, Telehealth</p> <p>(a) In order to provide occupational therapy services via telehealth to a client in Wyoming, the OT providing services to a client must have a valid and current license issued by the Board. Wyoming licensed OT using telehealth technology with a client in another state may also be required to be licensed in the state in which the client receives those services and must adhere to those state licensure laws.</p> <p>(b) When providing occupational therapy services via telehealth, an OT shall determine whether an in-person evaluation is necessary and make every attempt to ensure that a OT is available if an on-site visit is required.</p>	<p>COVID-19 update: Wyoming Medicaid issued a newsletter notice on telehealth including billing guidance, and authorized originating sites, which includes a skilled nursing facility and the office of a physician or other practitioner.</p>

State	Citation and Provisions ¹	Notes
	<p>(c) The OT is responsible for determining whether any aspect of the provision of services may be conducted via telehealth or must be conducted in person. An OT shall consider at a minimum:</p> <ul style="list-style-type: none"> (i) the complexity of the client's condition; (ii) his or her own knowledge skills and abilities; (iii) the client's context and environment; (iv) the nature and complexity of the intervention; (v) the pragmatic requirements of the practice setting; and (vi) the capacity and quality of the technological interface. <p>(d) OT shall obtain informed consent of the delivery of service via telehealth from the client prior to initiation of occupational therapy services via telehealth and maintain documentation in the client's health record.</p> <p>(e) An OT or OTA providing occupational therapy services via telehealth must:</p> <ul style="list-style-type: none"> (i) Exercise the same standard of care when providing occupational therapy services via telehealth as with any other mode of delivery of occupational therapy services. <p>(f) An OTA or limited licensee providing occupational therapy services via telehealth may be supervised in person or virtually through a live audio and video connection.</p>	