

For additional licensure information, refer to [***State Response to COVID-19.***](#)

Please note: Refresh your browser to see the most up-to-date version of this document prior to downloading.

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|----------------|--|---|---|---|--|
| Alabama | Licensed nurses are allowed to work in Alabama without an Alabama license for a period of 30 days after the Governor declares a state disaster. In the event that a licensed healthcare facility activates its emergency operation plan in response to a public health emergency, a licensed nurse or advanced practice nurse may act within such alternative standards of care delivery as are authorized by the Governor's Proclamation and alternative standards and scope of practice as are provided in the emergency operations plan, provided that any such practice is within the scope of practice, education, training, and national certification of the licensed nurse or advanced practice nurse and congruent with any limits imposed in the Code of Alabama and not addressed by the Governor's Proclamation. | A. 1.(a)Certified Registered Nurse Practitioners and Certified Nurse Midwives and (b)Certified Registered Nurse Anesthetists who possess an active, unencumbered Certificate of Qualification to engage in advanced practice nursing pursuant to Ala. Code S 34-21-84—or who possess an active, unencumbered registered nurse license and equivalent advanced practice approval issued by the appropriate licensing board of another state, the District of Columbia, a territory of the United States, or a province of Canada—are authorized to practice to the full scope of their practice as determined by their education, training, and current national certification(s) from a national certifying agency recognized by the Alabama Board of Nursing in the clinical specialty consistent with the educational preparation and appropriate to the area of practice national certification(s) or (b)by the National Board of Certification and Recertification for Nurse Anesthetists or other certifying body approved by the Board of Nursing. d. The chief of the medical staff or medical director of a licensed health care facility, or his or her designee, may serve as the collaborating physician for an unlimited number of Certified Registered Nurse Practitioners and Certified Nurse Midwives, provide direction to an unlimited number of Certified Registered Nurse Anesthetists. | e. Certified Registered Nurse Practitioners and Certified Nurse Midwives under collaborative practice with, and physician assistants practicing under a registration with the chief of the medical staff or medical director, or his or her designee shall be authorized to perform all skills as authorized under the licensed health care facility's protocols and to prescribe all drugs listed in the licensed health care facility's protocols and formulary as may be necessary to provide health care to patients; provided that the Certified Registered Nurse Practitioner, Certified Nurse Midwife, or physician assistant must possess an active registration from the United States Drug Enforcement Administration and a Qualified Alabama Controlled Substances Certificate to prescribe controlled substances. c. Certified Registered Nurse Anesthetists practicing under this subsection are authorized to determine, prepare, monitor, or administer such legend and controlled medications as are necessary for the performance of anesthesia-related services, airway management services (whether or not associated with the provision of anesthesia), and other acute care services within the scope of their practice as determined by their education, training, and current national certification(s) | 4. Certified Registered Nurse Practitioners and Certified Nurse Midwives practicing pursuant to an existing Alabama collaborative practice agreement or an Alabama emergency collaboration are authorized to provide all services within their scope of practice via telehealth services. Advanced Practice Registered Nurses licensed or approved as such in another state, territory, the District of Columbia, or a province of Canada who currently provide services to Alabama residents at practice sites physically located in another state, territory, the District of Columbia or a province of Canada may, during the period of this declared public health emergency, provide telehealth services incident to continuity of care for their existing Alabama patients without obtaining an emergency collaboration in Alabama. | Executive Proclamation by the Governor, 3.13.20 Executive Proclamation 5th Supplemental-SOE |
| Alaska | 12 AAC 02.280(4) and (11) are repealed: 12 AAC 02.280. Board of Nursing: fees for nurses and advanced practice registered nurses. The following fees are established for nurses and advanced practice registered nurses: (4) repealed 4/16/2020 TEMPORARY PERMIT FEE, \$ 100; (11) repealed 4/16/2020 COURTESY LICENSE FEE, \$ 50; | None | None | None | Emergency Rule (Lt. Gov.) |
| American Samoa | None | None | None | None | |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|-------------------|---|--|---------------------------------|--|--|
| Arizona | 1. Arizona Revised Statutes establishes “a process for temporary waiver of professional licensure requirements necessary for the implementation of any measures required to address the state of emergency. Permitting temporary waivers of certain professional licensing requirements [including all levels of APRNs]: 1) Allow all qualifying individuals who would fall under the Board’s jurisdiction, have licenses or certificates in good standing in another state, and who are in need of a waiver due to not holding, or being eligible for, a multistate compact license, to begin practicing in Arizona if granted Board approval” | None | None | None | AZ Revised Statutes 36-787. Public health authority during state of emergency or state of war emergency |
| Arkansas | Advanced practice registered nurses with prescriptive authority shall submit evidence of a current collaborative practice agreement as a prerequisite to license renewal. Requirement suspended by the ASBN until April 16, 2020. | None | None | DMS is lifting the requirement to have an established professional relationship before utilizing telemedicine for nurse practitioners (NP) under the following conditions for the duration of the emergency declaration: The NP providing telehealth services must have access to a patient’s personal health record maintained by a physician. The telemedicine service may be provided by any technology deemed appropriate, including telephone, but it must be provided in real time (cannot be delayed communication). NPs may use telemedicine to diagnose, treat, and, when clinically appropriate, prescribe a non-controlled drug to the patient as allowed under their scope of practice. Additionally, DMS is waiving the originating site requirement for evaluation and management (E&M) services provided to established patients by NPs. This will allow the NP to utilize telemedicine technology, including telephone, when appropriate, to diagnose, treatment and prescribe to patients as allowed by their scope of practice, and while the patient remains in their home. The technology must be real-time (cannot be delayed communications). The NP must have access to the patient’s medical records. This requirement is suspended for thirty (30) days. The suspension can be extended for additional 30-day periods as required to address the public health emergency. | Department of Human Services Memo (DMS-05) Arkansas State Board of Nursing Rules Chapter 4, Section IIIF. RENEWALS 3. |
| California | | Pursuant to the Governor’s Executive Order, the Director waives Business and Professions Code section 2836.1, subdivision (e), which prohibits a physician and surgeon from supervising more than four nurse practitioners at any one time when furnishing or ordering drugs or devices. The Director waives Business and Professions Code section 2746.51, subdivision (a)(4) to the extent it limits to four the number of certified nurse-midwives a physician and surgeon may supervise at one time. This order is effective immediately but may be amended as circumstances require. This order terminates 60 days from the date of the order, unless further extended. | None | 2290.5(b), related to the responsibility of a health care provider to obtain verbal or written consent before the use of telehealth services and to document that consent, as well as any implementing regulations, are suspended. 2) The penalties specified in Civil Code section 56.35, as well as any cause of action arising out of section 56.35 (including, but not limited to, any cause of action arising out of the Unfair Competition Law that is predicated on section 56.35) are suspended as applied to inadvertent, unauthorized access or disclosure of health information during the good faith provision of telehealth services. | Executive Order N-43-20 California Dept. of Consumer Affairs: NP Supervision Requirements California Dept. of Consumer Affairs: Nurse-Midwife Supervision Requirements |
| Colorado | None | None | None | None | |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|-----------------------------|--|--------------------------------------|--|--|--|
| Connecticut | The CT governor issued an Executive Order suspending requirements for licensure renewal, effective immediately, to continue to a date six months beyond the date that the civil preparedness emergency is declared to be over. | None | None | None | CT Department of Public Health Order 3.30.20 |
| Delaware | | None | As a result of the improper and over prescribing of hydroxychloroquine, shortages of the drug are being reported statewide. New prescriptions are being limited to a 14-day supply, unless the patient is previously established on the medication. Patients previously established on the medication are limited to a 30-day supply. This should ensure that patients with chronic disease can get their medication and ensure there is adequate drug available in the clinical setting to manage the critically ill. The Division of Professional Regulation encourages prescribers, pharmacies, and pharmacists to adopt similar policies. Please refrain from prescribing these drugs prophylactically for COVID-19 exposure. | 9. Effective March 18, 2020, all Title 24 statutory requirements that patients present in-person before telemedicine services may be provided are suspended. Further, requirements that the patient must be present in Delaware at the time the telemedicine services are provided are suspended, so long as the patient is a Delaware resident. Any out of state healthcare provider who would be permitted to provide telemedicine services in Delaware if they were licensed under Title 24 may provide telemedicine services in Delaware if they hold an active license in another jurisdiction. | Delaware Division of Professional Regulation Hydroxychloroquine and Chloroquine Supply Issues Letter Second Modification of the Declaration of A State of Emergency for the State of Delaware Due to a Public Health Threat 3.18.20 |
| District of Columbia | Licensure, registration or certification requirements, permits and fees shall be waived for health care practitioners appointed as temporary agents of the District of Columbia. Any health care provider who is licensed in their home jurisdiction in their field of expertise who is providing health care to District residents shall be deemed a temporary agent of the District of Columbia for the duration of this Order. | None | None | None | Government of the District of Columbia, Administrative Order No.: 2020-02 3.13.20 |
| Florida | Licensure renewal expiration date extended until May 31, 2020 for any health care practitioner with licensure renewal deadlines between March 21 and April 30, 2020. | None | None | None | FL BON Important Message Regarding License Expiration Dates 3.22.20 |
| Georgia | Pursuant to the authority in O.C.G.A. T. 43, Ch. 26 and consistent with the Governor's Executive Order for a State of Emergency, the Georgia Board of Nursing authorizes staff to assess applications for temporary permits and to issue temporary permits to licensed practical nurses, registered nurses and advanced practice registered nurses who have an active, unencumbered license in any other U.S. jurisdiction who are entering into the state to respond to the declared emergency. The temporary permit is valid for thirty (30) days. The Board may extend the expiration date of the temporary permit. This policy is effective while a state of emergency, as declared by the Governor, exists in any Georgia county or until rescinded by the Board, whichever occurs first. | None | None | None | GA BON Policy Number 1.16 3.20 |
| Guam | None | None | None | None | |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|----------|---|---|---|------------|--|
| Hawaii | <p>Certification: k. Section 457-8.5, HRS, , to the extent necessary to waive the licensure and accompanying requirements so as to permit graduates of an accredited graduate-level education program preparing the nurse for one of the four recognized advanced practice registered nurse roles licensed by the State Board of Nursing, within 180 days following graduation, to be employed to practice as an advanced practice registered nurse, with the endorsement of the employing health care entity.</p> <p>Chapter 457, HRS, nurses, and chapter 16-89, HAR, nurses, to the extent necessary to allow out-of-state licensed practical nurses, registered nurses, advanced practice registered nurses, and advance practice registered nurses with prescriptive authority with a current and active license, or those previously licensed pursuant to chapter 457, HRS, but who are no longer current and active, to practice in Hawai'i without a license.</p> | None | | None | <p>Executive Order 20-04</p> <p>Office of the Governor of the State of Hawaii: Supplementary Proclamation 3.16.20</p> |
| Idaho | <p>In response to the COVID-19 crisis, the Idaho BON is currently offering temporary licensure for: inactive licensees wishing to reactive their unencumbered Idaho license, one-time short-term licensure for LPNs and RNs licensed in non-compact states, expedited temporary licensure for APRNs licensed in another state, and New Graduate Licenses for Senior Nursing students. Fees and background checks have been temporarily waived.</p> | None | <p>Temporary Rule 704. Medication Limitations:</p> <p>01. No prescription for chloroquine or hydroxychloroquine may be dispensed unless all of the following apply:</p> <ul style="list-style-type: none"> a. The prescription bears a written diagnosis from the prescriber consistent with the evidence for its use; b. The prescription is limited to no more than a fourteen (14) day supply; and c. No refills may be permitted unless a new prescription is furnished. <p>02. No prescription for oral azithromycin may be dispensed unless all of the following apply:</p> <ul style="list-style-type: none"> a. The prescription bears a written diagnosis from the prescriber consistent with the evidence for its use; b. The prescription is limited to no more than a five (5) day supply; and c. No refills may be permitted d. The provisions of subsections (01) and (02) b and c do not apply if the patient was previously established on the medication prior to the effective date of this rule | None | <p>Idaho Governor Proclamation 3.20.20</p> <p>Idaho BON Emergency Guidelines Regarding Chloroquine, Hydroxychloroquine, and Azithromycin</p> |
| Illinois | <p>The Illinois Department of Financial and Professional Regulation issued a proclamation allowing Advanced Practice Registered Nurses (APRNs) from out of state to practice in Illinois while on a temporary permit. The Division reminds APRNs coming from another jurisdiction that they must provide the Division with their name, contact information, state of licensure, license number, respective date of arrival, and date of departure on a form provided by the Division.</p> | <p>APRNs coming from another jurisdiction are not required to have a collaborating agreement. They must provide medical care that is within the scope of their national certification, follow any limitations placed on them by the facility where they are rendering services, and adhere to the scope of practice guidelines delineated in Section 65-30 of the Act, 225 ILCS 65/65-30.</p> | None | None | <p>IDFPR: Covid-19 FAQ 3.25.20</p> <p>IDFPR Guidance</p> |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|-----------|---|---|--|--|---|
| Indiana | None | C. Advanced Practice Registered Nurses are permitted to provide services in multiple locations while under a single written collaboration agreement. | For the duration of Executive Order 20-05, as head of the state agency, Indiana State Board of Nursing, I hereby waive the application of 848 IAC 5-1-1 (a)(7)(f) insofar as it requires the advanced practice registered nurse to submit documentation of the advanced practice nurse's prescribing practices to the licensed practitioner collaborator within seven (7) days which documentation of prescribing practices shall include, but not be limited to, at least a five percent (5%) random sampling of the charts and medications prescribed for patients. | None | Indiana BON Executive Order Waiver Executive Order 20-05 |
| Iowa | None | None | None | None | |
| Kansas | None | <p>b.The suspensions under this section include, but are not limited to, the following...</p> <p>K.S.A. 65-1130, 65-1158 and K.A.R. 60-11-101, 60-11-104a, 60-11-104, 60-11-105, and 60-11-107 and related provisions of Kansas law, as they relate to supervision, delegation, and related issues to the extent necessary to permit advanced practice registered nurses to provide care without a written collaborative agreement and protocols, and including nurse anesthetists, to provide medical services appropriate to the professional's education, training, and experience, without physician supervision or direction and without criminal, civil, or administrative penalty related to a lack of such supervision;</p> | None | I hereby direct and order that Out-of-state physicians may utilize telemedicine when treating patients in Kansas without the necessity of securing a license to practice medicine in the state, provided the out of state physician advises the Board of the physician's practice in this state via telemedicine in writing in a manner to be determined by the Board and holds an unrestricted license to practice medicine in the state in which the physician practices and is not the subject of an investigation or disciplinary proceeding. The Board is authorized to extend the provisions of this paragraph to other healthcare professionals regulated by the Board to the extent the board deems such extension both necessary or appropriate to address impacts of the COVID-19 pandemic and consistent with patient safety. | Executive Order 20-26 Executive Order 20-08 3.20.20 |
| Kentucky | KRS 314.101(1)(a, e) and the Good Samaritan Act of 2007, KRS 39A.350-366, authorize APRNs licensed to practice in other states to provide medical care to patients in Kentucky during the current state of emergency. | | During the State of Emergency under Executive Order 2020-215, KRS 314.042(8), KRS 314.042(10), and 201 KAR 20:057, Section 7 are suspended. These statutes and the regulation require that Advanced Practice Registered Nurses (APRNs) have collaborative agreements with physicians as a prerequisite for the prescribing of legend drugs and controlled substances within the Commonwealth. | None | Executive Order 2020-215 |
| Louisiana | The requirement that an out-of-state registered nurse or an out-of-state advanced practice registered nurse (including an out-of-state certified nurse midwife, a certified registered nurse anesthetist, a clinical nurse specialist, and a nurse practitioner) obtain a license to practice registered nursing or advanced practice registered nursing in Louisiana as set forth in R.S. 37:920, is temporarily suspended provided that such person has an active, unencumbered, unrestricted license to practice registered nursing or advanced practice registered nursing from any U.S. state, territory, or district, which has been confirmed through the Nursys system. | 2. B)The collaborative practice agreement requirements of the Louisiana State Board of Medical Examiners and the Louisiana State Board of Nursing for advanced practice registered nurses, including certified nurse midwives, certified registered anesthetists, clinical nurse specialists, and nurse practitioners, are suspended for this public health emergency....an APRN practicing with a previously approved collaborating physician at new site otherwise not previously reported to the board may continue to practice during the time of the declared emergency or disaster under the parameters of the signed collaborative practice agreement. | None | None | Louisiana Executive Department Proclamation Number 38 JBE 2020 3.31.20 |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|-----------------|--|---|---------------------------------|--|--|
| Maine | None | The relevant provisions of Maine Revised Statutes, Title 32, Chapters 31, 36, and 48, and related rules are hereby suspended to the extent necessary to allow: D. Mandatory supervision or collaborative practice requirements for otherwise qualified physician assistants and advanced practice registered nurses who are assisting or will assist in the health care response to COVID-19 are suspended during the public health emergency. | None | None | Executive Order 16FY 19/20 3.20.20 |
| Maryland | “Any person who holds a valid, unexpired license as a health care practitioner that is issued by another state may, at a health care facility in Maryland, engage in activities authorized under such license without first obtaining a license or practice letter” and “Any inactive practitioner may, at a health care facility in Maryland, engage in activities that would have been authorized under his/her inactive license without first reinstating.” | None | None | <p>II. Subject to paragraphs III, IV, and V of this Order, the Secretary of Health may, through directives, rules, or guidelines, authorize a health care practitioner to deliver health care services through the use of telecommunications technologies (“telehealth”), as well as audio-only calls or conversations, to a patient at a different physical location than the health care practitioner, provided that:</p> <p>a. The health care services delivered are: Clinically appropriate; and within the scope of practice of the health care practitioner; and the health care practitioner is licensed, certified, or otherwise authorized by law to provide health care services in the state; complies with the same standards of practice that are applicable to the provision of health care services in in-person health care settings; documents in a patient’s medical record the health care services provided through telehealth or audio-only calls or conversations, according to the same documentation standards used for in-patient health care services; and if using audio-only calls or conversations, can interact with the patient at the time the health care service is provided.</p> <p>III. A health care practitioner authorized to use telehealth or audio-only calls or conversations may establish a practitioner–patient relationship through an exchange of information between a patient and a health care practitioner.</p> <p>IV. Before providing treatment or issuing a prescription through telehealth or audio-only calls or conversations, the health care practitioner shall perform a clinical evaluation that is appropriate for the patient and the condition with which the patient presents.</p> <p>V. A health care practitioner who through telehealth or audio-only calls or conversations prescribes a controlled dangerous substance, as defined in § 5–101 of the Criminal Law article of the Maryland Code, is subject to any applicable regulation, limitation, and prohibition in federal and state law relating to the prescription of controlled dangerous substances.</p> | Executive Order Relating to Various Healthcare Matters Executive Order 20-04-01-01 4.1.20 |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|---------------|----------------------------|---|---|------------|--|
| Massachusetts | None | (2) APRNs in all BORN recognized categories, other than certified nurse midwives, who have at least 2 years of supervised practice experience, or its equivalent as specified in BORN guidance issued pursuant to this order, shall be exempt from requirements of physician supervision and written guidelines for prescriptive practice. | Registered nurses who hold authorization from the Board of Registration in Nursing (BORN) pursuant to M.G.L. c. 112, § SOB to engage in the advanced practice of nursing (APRNs) and whose registration and authorization is in good standing may engage in prescriptive practice as follows: (1) Certified nurse midwives may continue to engage in prescriptive practice as authorized pursuant to M.G.L. c. 94C, § 7(g) and M.G.L. c. 112, §§ SOC and SOG. (3) APRNs in all BORN recognized categories, other than certified nurse midwives, who have less than 2 years of supervised practice experience, or its equivalent as specified in BORN guidance issued pursuant to this order, may engage in prescriptive practice with physician supervision of such prescriptive practice as currently required by law. In the event that the APRN collaborates with a different physician for purposes of supervision of prescriptive practice during the state of emergency, the requirement for written guidelines may be substituted with a record signed by both the APRN and the supervising physician that acknowledges the consent by each to the supervision of prescriptive practice and the dates during which such supervision shall apply. | None | Order of the Commissioner of Public Health Authorizing Independent Practice of Advanced Practice Registered Nurses 3.26.20 |
| Michigan | None | Temporary relief from certain restrictions and requirements governing the provision of medical services I order the following suspensions of Article 15 under this section include, but are not limited to, the following: Parts 170, 172, and 175, and related provisions of the Public Health Code, as they relate to scope of practice, supervision, and delegation, to the extent necessary to permit advanced practice registered nurses, as defined in MCL 333.17201 and including nurse anesthetists, to provide medical services appropriate to the professional's education, training, and experience, without physician supervision and without criminal, civil, or administrative penalty related to a lack of such supervision. | None | None | Executive Order No. 2020-30 3.20 |
| Minnesota | None | None | I authorize the Minnesota Board of Pharmacy, established pursuant to Minnesota Statutes 2019, section 151.02, to enforce the following medication dispensing limitations, until termination of the peacetime emergency declared in Executive Order 20-01. A prescription drug order for chloroquine or hydroxychloroquine must contain a diagnosis appropriate for the use of these medications and be dispensed for no more than 30 days at a time. | None | Minnesota Executive Order 20-23 |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|-------------|--|---|---|---|--|
| Mississippi | Out-of-state APRNs may utilize telehealth when treating patients in Mississippi without the necessity of securing a license to practice in the state, provided the out-of-state APRN holds an unrestricted license to practice in a state in which the APRN practices and currently is not the subject of an investigation or disciplinary proceeding and so advises in writing to the board. "every APRN who is currently not licensed in the State of Mississippi and who wishes to practice in this State shall complete the disastrous/emergency waiver found on the Board of Nursing's website" | None | NOW THEREFORE, until action is taken by the Governor of the State of Mississippi to lift the declared emergency, the Mississippi State Board of Nursing authorizes all APRNs with controlled substance prescriptive authority to utilize telehealth so as to avoid unnecessary patient travel both instate and out of state; and in so doing, the Board will not enforce any statute, rule or regulation that would require APRNs to personally examine patients prior to the issuance of a prescription or order the administration of medications, including controlled substances. FURTHER, every APRN shall access the Prescription Monitoring Program when a controlled substance prescription is issued. However, point of service drug testing shall not be required. FURTHER, every APRN shall conduct an evaluation of the patient's current condition and document the appropriate medical indication for the prescription. | FURTHER, until action is taken by the Governor to lift the state of emergency, out-of-state APRNs may utilize telehealth when treating patients in Mississippi without the necessity of securing a license to practice in this State, provided the out-of-state APRN holds an unrestricted license to practice in the State in which the APRN practices and currently is not the subject of an investigation or disciplinary proceeding and so advises in writing to the Board. | MS SBON Proclamation 3/14/20 |
| Missouri | None | Section 334.104.3(9), RSMo, and 20 CSR 2200-4.200(4)(E) shall be waived until after the declared emergency is over the requirement that the collaborating physician or any other physician designated in the collaborative practice arrangement review the advanced practice registered nurse's delivery of health care services through a review of a minimum of ten percent of the charts every fourteen (14) days. This waiver does not include the review of the percentage of cases where the advanced practice registered nurse prescribed controlled substances. Section 334.104.9, RSMo, and 20 CSR 2200-4.200(2)(C) shall be waived for the requirement that the advanced practice registered nurse practice with the collaborating physician continuously present for at least a one-month period of time before practicing in a setting where the collaborating physician is not continuously present. 20 CSR 2150-5.100 Collaborative Practice Arrangement with Nurses SUSPENSION OF RULE 20 CSR 2150-5.100(2)(B) The rule that require a collaborating physician and an advanced practice registered nurse (APRN) to practice within seventy-five (75) miles by road of one another is suspended. A physician and APRN can collaborate regardless of where the providers are located. EMERGENCY STATEMENT: Pursuant to Executive Order (EO) 20-04 dated March 18, 2020, the rule is suspended effective March 26 2020 until May 15, 2020. | Prescribing hydroxychloroquine, chloroquine and azithromycin for COVID-19 prophylactic use is discouraged and not recommended by the Board; Prescribing hydroxychloroquine, chloroquine and azithromycin for family, friends and co-workers in anticipation of a COVID-19 related illness can significantly impact drug supplies and may lead to improper use. Prescribers should exercise caution and refrain from prophylactic prescribing in light of the State of Emergency. The Board of Pharmacy is suggesting that prescribers include the diagnosis code or diagnosis with the prescription. This may prevent calls from the pharmacy and prevent dispensing delays. Prescribers should consider limiting the amount prescribed, unless otherwise deemed medically appropriate by the prescriber. [e.g., 14-day supply, etc.] | None | Joint Statement from the MO SBOR For The Healing Arts and the MO Board of Pharmacy DHSS Waiver Dept. of Commerce and Insurance, State Board of Registration for the Healing Arts |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|-----------------|--|--------------------------------------|--|---|--|
| Montana | <p>The Department of Labor and Industry, Business Standards Division (BSD), has implemented an interstate licensure recognition registration process to allow expedited registration of health care professionals who hold an active, unrestricted license in another state to allow them to begin working in Montana as soon as possible. To the extent that, in the Department's determination, strict compliance with ARM 24.101.417 would impede this process, it is suspended.</p> <p>Consistent with the Directive on expanded telehealth, health care professionals shall be allowed to perform health care services using all modes of telehealth, including video and audio, audio-only, or other electronic media, to treat the residents of the State of Montana for all medically necessary and appropriate services. II. Reactivation of Inactive, Retired, and Non-disciplinary Terminated Montana Health Care Related Licenses Inactive, retired, or other health care professionals who have left the practice of their profession in the last five years and who have a clean disciplinary record will be allowed to reactivate their license without meeting current licensure requirements.</p> | | None | <p>Strict compliance with the provisions... is suspended to the limited extent that providers are not limited for the duration of the emergency to the use of any specific technologies to deliver telemedicine, telehealth, or telepractice services, and may provide such services using secure portal messaging, secure instant messaging, telephone conversations, or audio-visual conversations.</p> <p>To the extent any of these provisions prevent providers from delivering telemedicine, telehealth, or telepractice services from their or their patients' homes, work, or other appropriate venue, strict compliance with those provisions is suspended, provided:</p> <p>To the extent possible, providers must ensure that patients have the same rights to confidentiality and security as provided during traditional office visits.</p> <p>Providers must follow consent and patient protocol consistent with those followed during in-person visits.</p> <p>Pursuant to § 33-22-138, MCA, a pre-existing provider/patient relationship is not required to provide telemedicine, telehealth, or telepractice services.</p> | <p>Directive from the Office of the Governor - Licensure</p> <p>Directive from the Office of the Governor - Telehealth</p> |
| Nebraska | <p>"permit individuals who are properly and lawfully licensed to engage in advanced practice nursing, emergency medical services, medicine and surgery, mental health practice, nursing, osteopathy, perfusion, pharmacy, psychology, respiratory care, and surgical assisting in a U.S. state or territory to work in Nebraska during the state of emergency so long as they are in good standing and free from disciplinary action in the states where they are licensed."</p> | | | <p>The Nebraska Department of Health and Human Services shall establish and publish guidance of health care providers regarding the use of telehealth by licensed practitioners and guidance for the payment by Medicaid services provided via telehealth.</p> | <p>Executive Order 20-10</p> <p>3/31/20 Executive Order 20-12</p> |
| Nevada | None | None | <p>The emergency regulation prohibits the prescribing and dispensing of chloroquine and hydroxychloroquine for any new diagnosis made after the effective date of the regulation. The provisions of this emergency regulation do not apply to a chart order for an inpatient in a hospital or other institutional setting. Hospital patients are receiving and will continue to receive chloroquine and hydroxychloroquine for treatment of COVID-19. The provisions of this emergency regulation do not apply to an existing course of treatment for a diagnosis made before the effective date of the regulation. Prescriptions to continue a course of treatment for a diagnosis made before the effective date of the regulation must contain an ICD-10 code, and must not exceed a 30-day supply at any given time.</p> | None | <p>NV State Board of Pharmacy Emergency Regulation</p> |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|-----------------------------|----------------------------|---|--|--|--|
| <p>New Hampshire</p> | <p>None</p> | <p>None</p> | <p>None</p> | <p>2. All medical providers shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media, to treat the residents of the state of NH for all medically necessary services. Medical providers include: Physicians and Physician Assistants, APRNs/ Clinical Nurse Specialists/Nurse Midwives, Certified Registered Nurse Anesthetists, master's level psychiatric nurses...</p> <p>5. There shall be no restriction on eligible originating sites for telehealth services. An originating site means the location of the member at the time the service is being furnished via a telecommunications system.</p> <p>2. To further the temporary remote instruction and support of New Hampshire children, in-state and out-of-state medical providers shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, and/or other electronic media to New Hampshire children enrolled within a New Hampshire school or in a school in another state</p> | <p>NH Executive Order 8 pursuant to Executive Order 2020-04</p> |
| <p>New Jersey</p> | <p>None</p> | <p>3. For the duration of the State of Emergency or Public Health Emergency, whichever is longer, the following statutory provisions that may serve to limit the scope of practice of advanced practice nurses are suspended and waived, and compliance with such provisions will not be required, for advanced practice nurses acting within the scope of their education, training, experience, and competence, to the extent that such provisions would otherwise require an advanced practice nurse to:</p> <p>a. Enter into a joint protocol with an individual collaborating physician who is present or readily available through electronic communication (N.J.S.A. 45:11-49);</p> <p>c. Review patient charts and records with the collaborating physician (N.J.S.A. 45:11-49)</p> | <p>3. For the duration of the State of Emergency or Public Health Emergency, whichever is longer, the following statutory provisions that may serve to limit the scope of practice of advanced practice nurses are suspended and waived, and compliance with such provisions will not be required, for advanced practice nurses acting within the scope of their education, training, experience, and competence, to the extent that such provisions would otherwise require an advanced practice nurse to:</p> <p>b. Include the name, address, and telephone number of a collaborating physician on prescriptions or orders</p> <p>d. Obtain the authorization or written approval from a collaborating physician in order to dispense narcotic drugs for maintenance treatment or detoxification treatment or to determine the medical necessity for services for treatment of substance use disorder.</p> <p>5.any requirement to hold a controlled dangerous substance registration as a precondition for registering with the Prescription Monitoring Program is suspended and waived for any healthcare professional with prescribing authority who is granted an expedited temporary license by the Director of the DCA and who holds a current valid registration with the U.S. DEA</p> | <p>New Jersey will waive a host of regulatory requirements for health care professionals licensed in other jurisdictions to become licensed in New Jersey and offer services to New Jersey residents, including telemedicine and telehealth services. The waivers will apply during the public health emergency related to COVID-19.</p> <p>The Department of Human Services, Division of Medical Assistance and Health Services is directing the Medicaid Managed Care Organizations and for the Medicaid Fee for Service Program that MCOs and Medicaid/NJ Family Care will:</p> <ul style="list-style-type: none"> • Waive site of service requirements for telehealth, allowing NJ licensed clinicians (such as physicians, nurse practitioners, clinical psychologists, and licensed clinical social workers) to provide telehealth from any location and allowing individuals to receive services via telehealth from any location. • Permit use of alternative technologies for telehealth such as telephonic and video technology commonly available on smart phones and other device | <p>NJ Executive Order #112 (corrected)</p> <p>NJ Emergency Statute A3680</p> |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|--------------------------|---|---|---|--|--|
| <p>New Mexico</p> | <p>None</p> | <p>None</p> | <p>Prescribers are asked to prescribe (chloroquine, hydroxychloroquine, mefloquine, Kaletra, azithromycin, etc.) appropriately, exercise good professional judgment and adhere to evidence based standards of practice in their prescribing decisions. In instances where the patient was not established on such a medication prior to the COVID-19 pandemic, practitioners should include a diagnosis, consistent with the evidence for its prescribed use, on each prescription.</p> <p>The NM Board of Nursing reminds APRNs that for prescribing to occur, a clear valid practitioner-patient relationship must exist.</p> | <p>The Board's rules do not address the use of electronic means by LPNs/RNs/APRNs to provide patient care. Therefore, to the extent that ambiguity may exist on the part of licensees or the public at large as to this issue, NM-licensed LPNs/RNs/APRNs are not prohibited by the Board's rules from providing care through electronic means (whether internet, email, telephone, or otherwise). However, all care must be provided professionally, competently, and safely. All APRNs must conform their practice to this obligation as well as fully comply with the Nursing Practice Act and the Board's rules, including the Management of Chronic Pain with Controlled Substances rule, 16.12.9 NMAC.</p> | <p>BON COVID-19 FAQs</p> <p>NM prescriber communication</p> |
| <p>New York</p> | <p>Certification: Section 6908 of the Education Law and associated regulations, to the extent necessary to permit graduates of State Education Department registered, licensure qualifying nurse practitioner education programs to be employed to practice nursing in a hospital or nursing home for 180 days immediately following successful completion of a New York State Registered licensure qualifying education program, provided that the graduate files with the State Education Department an application for certification as a nurse practitioner;</p> <p>Education Law and codes waived to the extent necessary to allow registered nurses, licensed practical nurses, and nurse practitioners, clinical nurse specialist or a substantially similar title licensed and in current good standing in any province or territory of Canada, to practice in New York State without civil or criminal penalty related to lack of licensure;; to the extent necessary to allow registered nurses, licensed practical nurses, and nurse practitioners, clinical nurse specialists licensed and in current good standing in any state in the United States to practice in New York State without civil or criminal penalty related to lack of licensure.</p> | <p>...to permit an advanced practice registered nurse with a doctorate or master's degree specializing in the administration of anesthesia administering anesthesia in a general hospital or free-standing ambulatory surgery center without the supervision of a qualified physician in these health care settings; Subdivision (3) to permit a nurse practitioner to provide medical services appropriate to their education, training and experience, without a written practice agreement, or collaborative relationship with a physician, without civil or criminal penalty related to a lack of written practice agreement, or collaborative relationship, with a physician;]</p> | <p>No pharmacist shall dispense hydroxychloroquine or chloroquine except when written: as prescribed for an FDA-approved indication; for an indication supported by one or more citations included or approved for inclusion in the compendia specified in 42 U.S.C. 1396r-8(g)(1)(B)(i); for patients in inpatient settings and acute settings; for residents in a subacute part of a skilled nursing facility; or as part of an study approved by an Institutional Review Board. Any person authorized to prescribe such medications shall denote on the prescription the condition for which the prescription has been issued.</p> | <p>None</p> | <p>Executive Order 202-18</p> <p>Executive Order 202.10</p> <p>Executive Order 202.11</p> <p>Executive Order 202.9</p> |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|--------------------------|---|---|---------------------------------|--|--|
| North Carolina | <p>For Nurse Practitioners: Waive the provisions of registration and certification in .0804(a)(1), continuing education in .0807, and submission of a fee in .0813 so that an applicant may practice as a nurse practitioner during the declared state of emergency. All other provisions and requirements shall apply.</p> <p>Certification: Waive the provisions in .0226 requiring certification for new graduates so an applicant for a first-time recognition as a CRNA may practice until they are able to take the certification exam in accordance with the rule. The holder of a temporary recognition shall identify themselves as a Graduate CRNA. This recognition shall expire 6 months from the date of issuance.</p> <p>Waive the provision in (a)(2) requiring evidence of certification so an applicant for a first-time approval to practice may practice as a nurse midwife until they are able to take the certification examination in accordance with these rules. All other provisions of (a)(2) shall apply and all other provisions of .0103 shall apply. Practice shall be under the supervision of an on-site supervising physician or on-site certified nurse midwife who has at least two years clinical experience. The holder of a temporary permit shall identify themselves as a Graduate Nurse Midwife. This temporary approval to practice shall expire 6 months from the date of issuance. Waive the provisions requiring documentation of certification by a national credentialing body so an applicant for a first-time approval to practice may practice as a nurse practitioner until they are able to take the certification examination in accordance with these rules. Practice shall be under the supervision of an on-site supervising physician. The holder of a temporary approval to practice shall identify themselves as a Graduate Nurse Practitioner. This temporary approval to practice shall expire 6 months from the date of issuance.</p> | <p>Waive the provisions of .0103 (3) and (5)-(7) so that an applicant may practice as a nurse midwife during the declared state of emergency. The provisions of .0103 (2) regarding submission of physician supervision and practice locations shall be waived if the nurse midwife is reinstating to practice in an established practice and provides the practice location to the North Carolina Board of Nursing. For purposes of this waiver, an “established practice” shall mean a practice that has an association with a supervising physician with whom the reinstated nurse midwife will join. All other provisions and requirements shall apply. Applicants with approvals to practice surrendered or suspended due to disciplinary action will not be considered. The emergency permit is temporary and shall expire on August 1, 2020, unless the waiver provisions are sooner amended, or rescinded by the MJC or further Executive Order.</p> <p>Waive the provisions in 90-178.3 (b) requiring physician supervision to allow the extension of the approval to practice in cases of emergency such as injury, sudden illness or death of the supervising physician during the declared state of emergency without submitting evidence of a new supervising physician. A certified nurse midwife seeking an extension of approval to practice must first notify Board of Nursing staff, who may grant an extension for up to forty-five (45) days. The certified nurse midwife shall endeavor to secure another supervising physician during the extension period. The emergency provisions are temporary and shall expire on August 1, 2020, unless the waiver provisions are sooner amended, or rescinded by the Board or further Executive Order.</p> | None | None | <p>NCBON Waiver pursuant to Executive Order 116: April 9</p> <p>NCBON Waivers pursuant to Executive Order 116: April 16</p> <p>NCBON Waivers pursuant to Executive Order 116: April 27</p> <p>NCBON Waiver pursuant to Executive Order 116: April 27 (CNM)</p> <p>NCBON Waiver pursuant to Executive Order 116: April 27 (CNM 2)</p> |
| North Dakota | None | None | None | <p>Suspends the licensure requirements for health care or behavioral health professionals licensed under the following Chapters in the North Dakota Century Code: Chapter 43-12.1 (Nurse Practices Act); ...and any additional licensure requirements set forth in related sections of the North Dakota Administrative Code, who are licensed and in good standing in other states, as needed to provide health care and behavioral health services, to include telehealth care, for citizens impacted by COVID-19, subject to identification, verification of credentials and other temporary emergency requirements approved by the State Health Officer and the Director of Emergency Services.</p> | <p>Executive Order 2020-05.1</p> |
| Northern Mariana Islands | None | None | None | None | |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|----------|--|---|--|---|--|
| Ohio | None | Therefore, APRNs may still contribute their valuable clinical knowledge, skills and abilities as RNs to patients for whom they are not currently qualified to provide diagnoses or medical management. For example, this includes performing physical examinations and assessments for purposes of triage based on established criteria and communication to other health care team members, administering medications or treatments, and implementing a medical regimen, which may include skilled procedures, pursuant to a physician or qualified APRN's order consistent with Section 4723.01(B)(5), ORC. Note that an APRN, working with a population not within their certification, in a RN capacity, may need an order, depending on the care being provided, from an APRN who is certified to work with that population or from a physician. | <p>To address patient access to medication during the COVID-19 outbreak, the State of Ohio Board of Pharmacy has adopted the following guidance authorizing prescribers to delegate personally furnishing non-controlled drug samples to nurses licensed in accordance with Chapter 4723 of the Revised Code.</p> <p>A prescriber at a location licensed as a terminal distributor of dangerous drugs may delegate the act of personally furnishing non-controlled drug samples to a nurse (RN/LPN) licensed under Chapter 4723. of the Revised Code. The nurse must have a documented order by a prescriber and must document the act of personally furnishing using positive identification. The nurse shall be responsible for ensuring the sample is properly labeled in accordance with rule 4729:5-19-02 of the Administrative Code.</p> <p>To address patient access to medication assisted treatment during the COVID-19 outbreak, the State of Ohio Board of Pharmacy has adopted the following guidance authorizing prescribers working in an opioid treatment program licensed as a terminal distributor of dangerous drugs to temporarily delegate personally furnishing of buprenorphine products to nurses licensed under Chapter 4723 of the Revised Code. In addition to the delegation authorized under rule 4729:5-21-02 of the Administrative Code, a prescriber at an opioid treatment program may delegate the act of personally furnishing buprenorphine for the purpose of treating drug dependence or addiction to a nurse (RN/LPN) licensed under Chapter 4723 of the Revised Code.</p> | <p><i>The Medical Board's statement about providers was written to mean its own licensees, though it impacts APRNs and APRN prescribing as an APRN's prescriptive authority cannot exceed that of their collaborating physician. The Board of Nursing does not prohibit APRNs from engaging in their respective practice and prescribing through telehealth as long as the APRN practice is consistent with their scope and standards of care and their standard care arrangement. This may now include patient evaluation for controlled substance prescribing through telehealth, as indicated, for as long as their collaborating physicians are permitted to do so.</i></p> <p>Effective March 9, 2020 until Executive Order 2020-01D expires, providers can use telemedicine in place of in-person visits, without enforcement from SMBO. This includes, but is not limited to:</p> <ul style="list-style-type: none"> •Prescribing controlled substances •Prescribing for subacute and chronic pain •Prescribing to patients not seen by the provider •Pain management •Medical marijuana recommendations and renewals (In Ohio, APRNs do not have any authority recommend Medical Marijuana) •Office-based treatment for opioid addiction <p>Providers must document their use of telemedicine and meet minimal standards of care. The Medical Board will provide advance notice before resuming enforcement of the above regulation when the state emergency orders are lifted.</p> | <p>Executive Order 2020-01D OH BON Guidance</p> <p>Board of Pharmacy Emergency Rule</p> <p>State Medical Board of Ohio - Telemedicine, Emergency licensure and Continuing Education Changes for State Medical Board of Ohio Licensees</p> <p>Personal Communication with the Ohio Board of Nursing</p> |
| Oklahoma | APRNs, RNs and LPNs who have lapsed or inactive licenses or certifications may have their single-state license or certification reinstated if they meet qualifications established by the board. OK Tax Commission compliance for APRNs, RNs and LPNs for renewal or reinstatement of a lapsed or inactive license or certification is waived. | 7.As long as this Executive Order is in effect a licensed physician shall be able to supervise any number of Physician Assistants, Certified Registered Nurse Anesthetists, and Nurse Practitioners, and shall be able to supervise the Physician Assistants, Certified Registered Nurse Anesthetists, and Nurse Practitioners using remote or telephonic means. | <p>16. No prescription for chloroquine or hydroxychloroquine may be dispensed unless all the following apply:</p> <p>a. The prescription bears a written diagnosis from the prescriber consistent with the evidence for its use.</p> <p>b. The prescription is limited to no more than a fourteen (14) day supply, unless the patient was previously established on the medication prior to the effective date of this Order.</p> <p>c. No refills may be permitted unless a new prescription is furnished. If a scenario is not addressed in these medication limitations a pharmacy can use the waiver form provided by the Board of Pharmacy to request further consideration.</p> | <p>Telemedicine shall be used to maximum potential and shall be allowed for nonestablished patients for the purposes of the COVID-19 response. The preexisting patient relationship requirement for telemedicine, as required by 59 O.S. 478.1, only applies to the prescribing of opiates and other controlled dangerous substances. 59 O.S. 478.1 already allows the physician to see patients using telemedicine without the prior establishment of the physician patient relationship. Nothing in this Order shall waive 59 O.S. 478.1 (C) for the purpose of prescribing opiates and other controlled dangerous substances reference therein.</p> | <p>3.21.20 7th Amended Executive Order</p> <p>Executive Order 2020-13</p> |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|--------|----------------------------|--------------------------------------|--|------------|--|
| Oregon | None | None | <p>This temporary emergency rule prohibits the dispensing of chloroquine and hydroxychloroquine for presumptive treatment or prevention of COVID-19 infection to preserve supplies for treatment of malaria, inflammatory conditions, and documented COVID-19 infection in hospitalized patients.</p> <p>(1) Prescription drug orders for chloroquine or hydroxychloroquine may only be dispensed if:</p> <p>(a) The prescription is a continuation of therapy begun prior to March 8, 2020; or (b)The prescriber has provided a diagnosis code based on clinical findings for which the medication is medically indicated; or</p> <p>(c) If written for a COVID-19 diagnosis, the patient is hospitalized with a positive test result for COVID-19 infection.</p> <p>(2) Dispensing prescriptions for chloroquine or hydroxychloroquine other than as outlined in this rule is prohibited.</p> <p>(3) This temporary rule is in effect for the duration of the COVID-19 public health emergency or until rescinded.</p> | None | Board of Pharmacy Emergency Rule |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|---------------------|--|--|---|--|--|
| Pennsylvania | <p>Temporary permits for nurses licensed in other states can be issued immediately upon application, once licensure in the applicant's home state is verified through Nursys, based on a suspension approved by the Governor.</p> <p>Temporary licenses for nurse-midwives do not exist. To expedite nurse-midwife licenses, the continuing education requirements were suspended by the Governor. Additionally, the Board can verify licensure in another state through their license verification system. To qualify for licensure as a nurse-midwife, the applicant would first have to obtain a nursing license. In order to streamline reactivations for inactive Certified Nurse-Midwives who hold an active registered nurse license, the Governor suspended the re-entry requirements for nurse-midwives. any Certified Nurse-Midwife licenses reactivated to help with the pandemic, will be bear an expiration date of Dec. 31, 2020. Holders of licenses granted through the suspension who wish to seek renewal of their license beyond Dec. 31, 2020, are required to satisfy the standard requirements for licensure renewal. For inactive Certified Nurse-Midwives who hold an active registered nurse license, the Governor granted a suspension of the reactivation requirement related to a personal interview conducted by the Board. For Certified Nurse-Midwives with Prescriptive Authority, the Governor temporarily suspended continuing education requirements.</p> | <p>The Governor approved temporary suspension of the requirement that a collaborative agreement be filed with the State Board of Medicine prior to engaging in the practice of midwifery. Instead, during this declared emergency, after the collaborative agreement is agreed upon, Certified Nurse-Midwives may immediately begin to engage in the practice of midwifery.</p> <p>The agreement must still be filed with the Board as soon as possible, but no later than 30 days following the end of the COVID-19 emergency. Delivery of the agreement to the Board and processing of the agreement are not needed prior to engaging in midwifery.</p> <p>This waiver also applies to Certified Nurse-Midwives who previously filed a collaborative agreement with the Board that is still being processed. Any such Certified Nurse-Midwives may begin to engage in midwifery immediately; they do not need to wait for completion of processing.</p> <ul style="list-style-type: none"> For Certified Nurse-Midwives, the Governor approved a temporary suspension of the requirements to notify the Board of changes to a collaborative agreement. Certified Nurse-Midwives must still notify the Board of any changes as soon as possible, but no later than 30 days following the end of the COVID- 19 emergency. Certified Nurse-Midwives may continue to engage in the practice of midwifery even if changes to the collaborative agreement are not provided to the Board within 30 days. <p>Certified Nurse-Midwives should not interrupt the practice of midwifery if they are unable to meet the 30-day requirement.</p> <ul style="list-style-type: none"> It is important to note that any waivers granted by the Department do not relieve Nurse-Midwives -- as licensed professionals -- of their responsibility to practice within all other applicable rules and regulations. Nurse-Midwives are also expected to use their professional judgment to assess risk and to ensure patients receive safe care consistent with the values, principles and professional standards embodied in the statutes and regulations that govern the practice of nurse-midwifery. | <p>In response to COVID-19 and potential shortages of medications that may be effective against the virus such as hydroxychloroquine, prescribers should include the patient's diagnosis on the prescription. If written for a COVID-19 diagnosis, the diagnosis has been confirmed by a positive test result and documented on the prescription. Smaller quantities of hydroxychloroquine should be prescribed for COVID-19 patients when appropriate to prevent potential shortages.</p> <p>The Governor granted a temporary suspension of the requirement that Certified Nurse-Midwives with Prescriptive Authority identify the categories of drugs from which the nurse-midwife may prescribe or dispense.</p> | <p>Currently no Pennsylvania statute authorizes or prohibits the practice of telemedicine. Due to the COVID-19 emergency, the Department requested authority to issue guidance to licensees under any of BPOA's health licensing boards permitting them to provide services via telemedicine when appropriate. The Department requested authorization from the Governor to allow licensed practitioners in other states to provide services to Pennsylvanians via the use of telemedicine for the duration of the emergency without obtaining a Pennsylvania license. This request was approved by the Governor if the practitioner meets the following requirements: They are licensed and in good standing in their home state, territory or country. They must provide the Board they would normally seek licensure in with the following information prior to practicing telemedicine with Pennsylvanians: The practitioner's full name, home or work mailing address, telephone number where they can be reached, and an email address. Identify the practitioner's license type (e.g., "physician and surgeon," "registered nurse," etc.), any license number or other identifying information that is unique to that practitioner's license, and the identify the state or other governmental body that issued the license.</p> | <p>Pennsylvania Department of State Department of State Waived and Suspended Licensing Requirements Summary</p> <p>Pennsylvania Department of State COVID-19 Information</p> <p>Pennsylvania Department of State</p> |
| Puerto Rico | None | None | None | None | |
| Rhode Island | None | None | None | <p>1. The patient location requirement for telemedicine contained in Rhode Island General Laws § 27-81-3 (9) is hereby suspended. Patients may receive telemedicine services at any location. 2. The prohibition against audio-only telephone conversation and the limitations on video conferencing contained in Rhode Island General Laws§ 27-81-3(12) are hereby suspended to expand the availability of telemedicine.</p> | <p>Executive Order 20-06</p> |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|----------------|----------------------------|--|--|---|--|
| South Carolina | None | WHEREAS, the Board recognizes it is unlikely that APRNs practicing in North Carolina and Georgia have collaborating/supervising physicians actively practicing in South Carolina; likewise, it is unlikely that these practitioners have entered into practice agreements or scope of practice guidelines in compliance with South Carolina law. If the Board were to strictly enforce these requirements, it could result in a delay in treatment for South Carolina patients; WHEREAS, the Board concludes that the supervisory/collaborative association between physicians and APRNs required by North Carolina and Georgia law is substantially similar to the requirements imposed by South Carolina law; NOW, THEREFORE, effective immediately, the Board of Nursing hereby suspends enforcement of the requirement that a nurse practitioner licensed in good standing in North Carolina and/or Georgia enter into a practice agreement or scope of practice guidelines, respectively, with a physician licensed in South Carolina who is actively practicing medicine within the geographic boundaries of South Carolina. | <p>1. APRNs should not prescribe Hydroxychloroquine, Chloroquine, and Azithromycin to themselves or family members unless faced with a bona fide emergency involving an actual diagnosis of a COVID-19 infection;</p> <p>3. APRNs should include a bona fide diagnosis on any prescription issued for Hydroxychloroquine, Chloroquine, and Azithromycin and could be subject to discipline for including an inaccurate diagnosis. The guidance set forth above shall remain in effect until further Order of the Board of Nursing.</p> | Nurse practitioners licensed in good standing in South Carolina, or for whom licensure requirements have been waived, may treat existing patients in South Carolina via telemedicine, subject to the terms of their applicable agreements/protocols with their supervising/delegating/collaborating physicians in North Carolina or Georgia. Further, such South Carolina practitioners may prescribe Schedule II and III medications to existing patients in accordance with Medical Board Order 2020-BME-PH-03, if otherwise authorized by law and subject to any requirements imposed by any other regulatory agency, including the South Carolina Department of Health and Environmental Control ("DHEC"). | <p>Executive Order 2020-BON-PH-02</p> <p>Department of Labor, Licensing and Regulation (Joint Statement)</p> |
| South Dakota | None | None | None | Telehealth and Telemedicine Services: Pursuant to SDCL 34-48A-5(4), I temporarily suspend the regulatory provisions of ARSD 67:16, 67:61, and 67:62, which limit or restrict the provision of telehealth or telemedicine services and which require face-to-face treatment, visits, interviews, and sessions with providers. | Executive Order 2020-07 |
| Tennessee | None | <p>7.17 The provisions of Tennessee Code Annotated, Section 68-11-201 (20), regarding physician orders are hereby suspended to allow nurse practitioners and physician assistants to write orders for home health services, as necessary to respond to and prevent the spread of COVID-19.</p> <p>5.The provisions of Tennessee Code Annotated, Section 63-7-123, Tenn. are hereby suspended to the extent necessary to relieve nurse practitioners who have been issued a certificate of fitness to write and sign prescriptions or issue drugs from the following requirements: (2) having charts reviewed; and (3) having remote sites visited by collaborating physicians every thirty (30) days.</p> | <p>Amendment to Executive Order #15.</p> <p>1 The provisions of Tennessee Code Annotated, and R. & Regs... are hereby suspended to the extent necessary to relieve nurse practitioners who have been issued a certificate of fitness to write and sign prescriptions and/or issue drugs from the requirement of collaborating with a physician.</p> <p>5.The provisions of Tennessee Code Annotated, Section 63-7-123, are hereby suspended to the extent necessary to relieve nurse practitioners who have been issued a certificate of fitness to write and sign prescriptions or issue drugs from the following requirements: (1) filing a notice with the Board of Nursing containing the name of the nurse practitioner, the name of the licensed physician collaborating with the nurse practitioner, and a copy of the formulary describing the categories of legend and non-legend drugs to be prescribed or issued by the nurse practitioner;</p> | <p>38. Providers are urged to follow the new guidance from the federal Centers for Medicare and Medicaid Services regarding equipment and everyday communications technologies that may be used for the provision of telemedicine services.</p> <p>Health care professionals licensed in another state who are authorized pursuant to this Order to temporarily practice in this state are permitted to engage in telemedicine services with patients in Tennessee to the extent the scope of practice of the applicable professional license in this state would authorize the professional to diagnose and treat humans. Tennessee Code Annotated, Section 63-1-155(c) (3), is hereby suspended to allow telemedicine services by pain management clinics, as defined in Tennessee Code Annotated, Section 63-1-301(7), and in the case of chronic nonmalignant pain treatment.</p> | <p>Executive Order #15</p> <p>Executive Order #28</p> |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|--------------|---|--|--|--|--|
| Texas | <p>Certification: Effective April 21, 2020, the Office of the Governor suspends 22 Tex. Admin. Code 221.4(a)(3) to the extent necessary to relax the testing requirement for initial certification and enable APRN practice under direct physician supervision, without prescriptive authorization.</p> <p>This suspension is in effect until terminated by the Office of the Governor or until the March 13, 2020 disaster declaration is lifted or expires.</p> <p>As a result of this waiver granted by the Governor, new APRN graduates who have applied for APRN licensure with the Board of Nursing and have met all licensure requirements except national certification may begin practicing under direct physician supervision. This graduate approval does not include prescriptive authority</p> | <p>If necessary during a declared emergency or disaster the APRN could perform nursing aspects of care within his/her scope as an RN, but may not cross over into medical aspects of care or prescription of therapeutic or corrective measures when providing care to patients outside their population focus. Texas APRNs must have delegated authority to provide medical aspects of care and prescriptive authority from a physician. While the disaster declaration approved by the Governor is in effect, APRNs are not required to have written agreements while practicing in a disaster relief operation setting [Texas Administrative Code 170.20 & 172.21(c)]. However, APRNs must establish a verbal agreement for delegation.</p> <p>The waiver of this requirement is only applicable to those APRNs who are providing health care services as part of the disaster relief efforts. APRNs practicing in their regular practice sites must continue to practice under their protocols/prescriptive authority agreements.</p> <p>2. The waiver from requirements to execute a written protocol and/or prescriptive authority agreement is in effect...</p> <p>All APRNs practicing in Texas are required to comply with the NPA and Board rules. As such all APRNs must establish a verbal agreement for delegated authority to provide medical aspects of care and prescriptive authority with a physician at the site where they are providing care.</p> | <p>At this time requirements related to prescribing controlled substances have not been waived in Texas. APRNs who already have a written prescriptive authority agreement with a delegating physician in Texas that includes prescribing controlled substances should discuss their ability to prescribe controlled substances with the delegating physician with whom they are registered with the Texas Medical Board. If both parties are in agreement that the APRN may prescribe controlled substances in support of disaster relief efforts, the APRN may do so under his/her existing prescriptive authority agreement.</p> <p>Out of state licensed APRNs practicing in Texas for disaster relief efforts must establish physician delegation to prescribe controlled substances, and ensure compliance with Board rule 222.8 and Texas Administrative Code section 172(b)(1). The APRN must also all comply with all federal and state laws and regulations relating to the ordering and prescribing of controlled substances including those requirements specified by the DEA.</p> | None | <p>Directive from the Office of the Governor</p> <p>BON APRN Practice FAQs- COVID-19</p> <p>Texas Board of Nursing</p> |
| Utah | None | None | None | <p>I, Gary R. Herbert, Governor of the State of Utah, hereby order the suspension of enforcement of:</p> <ol style="list-style-type: none"> Utah Code § 26-60-102(8)(b)(ii); and Utah Code § 26-60-103(2)(a) to the extent that it interferes with a medical provider's ability to offer telehealth services. <p>A medical provider that pursuant to this Order offers telehealth services that do not comply with the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended, or the federal Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended, shall:</p> <ol style="list-style-type: none"> inform the patient the telehealth service does not comply with those federal acts; 2. give the patient an opportunity to decline use of the telehealth service; and 3. take reasonable care to ensure security and privacy of the telehealth service. <p>This Order shall remain in effect until the date the state of emergency declared in Executive Order 2020-1 is terminated, or until otherwise modified, amended, rescinded, or superseded by me or by a succeeding governor.</p> | <p>Executive Order 2020-7</p> |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|----------------|---|---|--|--|--|
| Vermont | None | None | 16. Relevant rules governing nursing services shall be suspended to the extent necessary to permit such personnel to provide medical care, including but not limited to administration of medicine, prescribing of medication, telemedicine to facilitate treatment of patients in place, and such other services as may be approved by the Secretary of State in consultation with the Commissioner of Health. Providers should only prescribe the anti-malarial drugs chloroquine and hydroxychloroquine for individuals with diagnosed conditions, and not for prevention, to help maintain the supply for Vermonters who need them. | None | Executive Order 01-20 Vermont Department of Health Statement |
| Virgin Islands | BON website not available. | None | None | None | BON website not available. |
| Virginia | B. Provisional licensure may be granted to an applicant who satisfies all requirements of this section with the exception of subdivision A 3 of this section, provided the board has received evidence of the applicant's eligibility to sit for the certifying examination directly from the national certifying body. An applicant may practice with a provisional license for either six months from date of issuance or until issuance of a permanent license or until he receives notice that he has failed the certifying examination, whichever occurs first. Certification: Waive the six-month time limit so that an applicant may practice on a provisional license until they are able to take the certification exam but no later than 90 days following the expiration of the Executive Order. Waive the requirement for submission of evidence of certification & transcript and rely solely on the verification of licensure in another U.S. jurisdiction. | 5. Nurse practitioners licensed in the Commonwealth of Virginia, except those licensed in the category of certified registered nurse anesthetists, with two or more years of clinical experience may practice in the practice category in which they are certified and licensed and prescribe without a written or electronic practice agreement. | None | 3. Health care practitioners with an active license issued by another state may provide continuity of care to their current patients who are Virginia residents through telehealth services. Establishment of a relationship with a new patient requires a Virginia license... pursuant to EO 51. 4. A healthcare practitioner may use any non-public facing audio or remote communication product that is available to communicate with patients. This exercise of discretion applies to telehealth provided for any reason regardless of whether the telehealth service is related to the diagnosis and treatment of COVID-19. | Dept. of Health Professions Waiver18VAC90-30-80(B) 18VAC90-30-85(A)(2)&(B) Executive Order 57 |
| Washington | Since proof of national certification and fingerprinting may not be possible during the crisis, a temporary license may be issued when the applicant cannot meet these requirements. Continuing competency requirements are waived by the governor through the crisis. Practice hours requirements for endorsement and renewal are also waived excepts for those who have been out of practice for 2 years or more. | We were successful in removing state rules in place to meet CMS guidelines requiring physician co-signature for home health services and supplies for Medicare and Medicaid. The state rules were changed by emergency when CMS waivers were announced. | None | Emergency volunteer health practitioners providing services for host entities operating in Washington under the Uniform Emergency Volunteer Health Practitioners Act, chapter 70.15 RCW, are authorized to offer telehealth or virtual care services to patients in Washington to the same extent that practitioners licensed in Washington are authorized to offer such services. Practitioners must be affiliated with a host entity operating in Washington to provide telehealth services. Practitioners should contact the board, commission, or Department of Health program that governs their profession in Washington with any questions. | Washington BON Summary (Personal communication with the BON) Washington State Department of Health Washington State Office of Insurance Commissioner |

| State | Temporary/Waived Licensure | Waived/Suspended Practice Agreements | Prescriptive Authority/Guidance | Telehealth | Source(s) |
|----------------------|---|---|--|--|--|
| West Virginia | <p>Executive order waives the “requirement that any person practicing or offering to practice as a RN or APRN have a license issued by the West Virginia Board of Registered Professional Nurses with the exception of those with pending complaints, investigations, consent orders, board orders, or pending disciplinary proceedings and provided the RN or APRN is licensed in another state”</p> <p>Certification: The APRN certifications renewal extension is based on certifying body policy.</p> | <p>Requirements for supervision or presence of any other healthcare provider when anesthesia is administered by a certified registered nurse anesthetist (CRNAs) (WV Code §30-7-15) is suspended.</p> <p>Pursuant to the Governor’s Executive Order 17-20 W. Va. Code §30-7-15a, §30-7-15b, §30-7-15c), the Board suspends and modifies the requirements as follows:</p> <p>1. The advanced practice registered nurse shall practice in conformity with the advanced practice registered nurse’s education, training, and certification and in accord with the delineation of privileges granted to the advanced practice registered nurse by the hospital/facility to use the advanced practice registered nurse to the fullest extent possible.</p> <p>2. For West Virginia APRNs, who have been approved to practice in West Virginia during the State of Emergency, the requirement for collaborative agreements with physicians for the prescribing of controlled substances is suspended.</p> | <p>For West Virginia APRNs with prescriptive authority, who have been approved to practice in West Virginia during the State of Emergency, Schedule II drugs of the Uniform Controlled Substances Act and antineoplastics, if the patient has been on these medications, are permitted to be refilled if the refill is required during the declared emergency. The prescribing physician’s name must be written on the prescription as well as the last date the prescription was filled. The Board of Pharmacy requests the name of practitioner and prescription number of the original prescription the APRN is refilling. They suggest notifying that practitioner as well.</p> <p>4. For West Virginia APRNs with prescriptive authority, who have been approved to practice in West Virginia during the State of Emergency, the Drugs listed under Schedule III shall not be limited to a thirty day supply and are permitted to be refilled if the refill is required during the declared emergency.</p> <p>5. The fee for initial prescriptive authority shall be waived until 30 days after the state of emergency is lifted by the Governor.</p> | <p>WV Dept. of Health and Human Resources W. Va. Code 30-7-15 5. Under all circumstances where clinically possible, use of telephonic or video communication to provide telemedicine services is strongly urged. Medicare and Medicaid have waived I typical telemedicine and HIPAA requirements and you may even use non-HIPAA compliant video services such as FaceTime, Skype, and others during the current State of Emergency.</p> | <p>WV Board COVID-19 Information</p> <p>WV Dept. of Health and Human Resources W. Va. Code 30-7-15</p> <p>West Virginia Executive Department Executive Order No. 10-20 3.23.20</p> |
| Wisconsin | None | <p>N 8.10 Care management and collaboration with other health care professionals. SUSPENDED (2) Advanced practice nurse prescribers shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician or dentist, through the use of modern communication techniques.</p> | <p>SUSPENDED (7) Advanced practice nurse prescribers shall work in a collaborative relationship with a physician or dentist. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician or dentist, in each other’s presence when necessary, to deliver health care services within the scope of the practitioner’s training, education, and experience. The advanced practice nurse prescriber shall document this relationship.</p> | None | <p>WI Admin. Code N.8.10 (2) and (7) per Executive Order 16</p> <p>Executive Order 16</p> |
| Wyoming | None | None | None | <p>If a nurse is providing any services defined in the NPA via telephone or any other electronic means to a client or through student supervision residing in Wyoming, the nurse must be licensed in the State of Wyoming. These nursing services include, but are not limited to: telephonic case management, electronically sending and receiving patient health data, telephone triage services, electronically initiating and transmitting therapeutic interventions and regimens, education, teaching, counseling, outcome evaluation, and disease monitoring. A nurse traveling with a client to perform nursing services into or through Wyoming may be eligible for a forty-eight hour exemption from Wyoming licensing requirements. Wyo. Stat. Ann. § 33-21-154 (vii).</p> <p>During the current state of emergency related to the COVID-19 pandemic, the Wyoming State Board of Nursing is not requiring a face to face initial visit by providers as part of standard nursing practice for telehealth servicing.</p> <p>Also, as declared on March 16, 2020 by Governor Mark Gordon, WSBN accepts [Wyo Stat. 33-21-154 (ix) Exemptions] “the practice of any nurse or nursing assistant, currently licensed or certified in another jurisdiction, in the provision of nursing care in the case of an emergency or disaster as declared by the governor;”</p> | <p>Temporary Permits During Covid-19</p> |