The realities of COVID brought to the forefront the need for telemedicine to be thoughtfully included in the practice of medicine from now and into the future. To provide some guidance to practitioners, WMC updated and revitalized their telemedicine policy to provide the most up-to-date information regarding situations that may arise in a telemedicine scenario. The WMC worked with a large group of stakeholders including WSMA, WSHA, DOH, physicians, PAs, and the public to craft a thorough policy. You can find the entire policy here.

In the policy, the WMC defines telemedicine as a mode of delivering healthcare services using telecommunications technologies by a practitioner to a patient or to consult with another health care provider at a different physical location than the practitioner. Telemedicine includes real-time interactive services, store-and-forward technologies, and remote monitoring.

The WMC deems the practice of medicine to take place at the location of the patient at the time of the encounter; however, the WMC does recognize several exceptions exist to the general rule that a practitioner is required to have a license when treating a patient in Washington.

The legislature created a specific exemption to the licensure requirement for telemedicine practitioner-to-practitioner consultations. The consultation exemption permits a practitioner licensed in another state in which the practitioner resides to use telemedicine or other means to consult with a Washington licensed practitioner who remains responsible for diagnosing and treating the patient in Washington. The law does not require real time communication between practitioners.

Additionally, the WMC does not require a license when a patient seeks a second opinion or a consultation with a specialist out of state, such as a cancer center, and sends medical records to the specialist to review and provide input on treatment. In this case, the specialist in the distant state does not need a license to practice medicine in Washington to review the records and provide an opinion, but not treatment, regarding the patient’s care.

Another common situation that is not specifically addressed by a statutory exemption is when a patient with an established relationship with a practitioner licensed in another state crosses the border into Washington and requires medical care. In some cases, permitting the physician in the patient’s home state to provide temporary continuous care is in the patient’s best interest. So long as the out-of-state practitioner provides temporary continuity of care to the patient, the practitioner would not require a Washington license.

This can arise in several common scenarios:

- A patient with an established relationship with a practitioner in the patient’s home state travels to Washington for a limited time (e.g., vacation, business, or education) and requires medical care. The patient’s out-of-state practitioner may be the best person to provide care via telemedicine while the patient is temporarily in Washington.
- A patient who is receiving treatment for a condition by a practitioner in a distant state moves to Washington and requires immediate medical care for that condition, especially mental health issues, but has not yet established a relationship with a Washington practitioner. Temporary care lasting up to 12 months via telemedicine by the patient’s established psychiatrist may be in the patient’s best interest until the patient can find a Washington-licensed practitioner to take over the care.
- A Washington resident travels to a distant state to obtain specialty care at a major medical center, then returns home to Washington. The patient may prefer to directly consult via telemedicine with the specialists who provided treatment to the patient in the distant state. Permitting the practitioner at the major medical center to provide follow up care via telemedicine is the most optimal treatment plan for the patient.

Please refer to the entire policy for more information.