State & Specialty Rules Launch Checklist

Run before any multi-state US launch and again before adding prescribing or behavioral-health features. Care is regulated where the patient sits; prescribing and record rules layer on top. Engineering guidance, not legal advice — dated items reflect June 2026.

1 · LICENSING — care happens where the patient is

- ☐ License registry live: clinician × state × credential type (license / compact privilege / registration) × expiry × verification date
- ☐ Patient location captured per visit (self-attested state at check-in), stored with the visit record — not just a profile field
- ☐ Booking filter matches only valid clinician–state pairs; re-route path tested when the first clinician fails
- ☐ Compact strategy mapped: IMLC (expedited full licenses), NLC multistate, PSYPACT authorization, counseling/social-work rollout — gaps named (e.g., California)
- ☐ Telehealth registrations used where offered (FL §456.47, AZ, VT, CO, DE…): no in-person care, agent + malpractice conditions met
- ☐ Per-state consent + modality config: ~45 states + DC require telehealth consent; format (verbal/written) and text stored per state

2 · PRESCRIBING — Ryan Haight / DEA (expiry 2026-12-31)

- ☐ Every medication carries its DEA schedule as data; controlled scripts (II–V) route into a gated, logged flow
- ☐ Waiver expiry 2026-12-31 is configuration, not code; prescribing authority is per-clinician-per-state with an effective window
- ☐ PDMP check step with recorded timestamp and result — already mandatory for buprenorphine initiation (6-month initial supply, audio-only OK)
- ☐ In-person-evaluation linkage field exists on the prescription record (nullable today, mandatory the day rules tighten)
- ☐ Per-state DEA registration table maintained (21 U.S.C. §822(e) baseline; proposed special registration adds per-state layers)
- ☐ Special-registration NPRM (Jan 2025) tracked quarterly; roadmap has a plan for both outcomes — final rule or lapse

3 · 42 CFR PART 2 — SUD records (compliance since 2026-02-16)

- ☐ Part 2 flag at the record level — including session recordings and appointment metadata that reveal SUD treatment
- ☐ Single TPO consent stored, revocable, and gating every disclosure path; redisclosure notice generated automatically
- ☐ QSOA inventory maintained next to BAAs for every vendor touching Part 2 records
- ☐ Breach-notification pipeline covers Part 2 records (HIPAA/HITECH rules apply since the 2024 final rule)
- ☐ SUD counseling notes stored separately with their own consent gate (mirror of psychotherapy notes)
- ☐ No Part 2 record used in legal/administrative proceedings paths without consent or court order — export controls verified

4 · MENTAL HEALTH & MINORS — the heightened layer

- ☐ Psychotherapy notes in a separate store, excluded from EHR sync, patient export, and proxy access by default (45 CFR §164.508(a)(2))
- ☐ Age gate at intake selects the state-correct consent flow (consent ages vary: 12 in CA/MD; 14–16 elsewhere; 19 states silent)
- ☐ Parental-proxy accounts scoped and state-aware; access changes at defined ages instead of persisting by default
- ☐ Minor-consented care: the minor controls privacy rights (45 CFR §164.502(g)(3)) — proxy walls verified against sync/export
- ☐ State mental-health data statutes checked (e.g., WA My Health My Data) before analytics or marketing touch behavioral data
- ☐ Duty-to-warn / mandatory-reporting shown to clinicians as per-state policy cards — not automated

PER-STATE WORKSHEET — one line per launch state, file with your compliance records

State _____ · Licensed clinicians ____ · Pathway (license/compact/registration) _____ · Consent form ✓/✗ · Rx allowed ✓/✗ · PDMP source _____ · Minor consent age ____ · Reviewed by _____ Date _____