

D R A F T  
FOR DISCUSSION ONLY

## Telehealth Act

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Uniform Law Commission

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~~MEETING IN ITS ONE HUNDRED AND THIRTIETH YEAR~~  
~~MADISON, WISCONSIN~~  
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Redline Comparison Draft



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~~June 28~~ September 17, 2021

## Telehealth Act

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1 **Telehealth Act**

2 **Prefatory Note**

3 In recent years, improvements in telecommunication technologies have transformed the  
4 delivery of health care. Practitioners have increasingly turned to telehealth, the use of  
5 synchronous and asynchronous telecommunications technology to provide health care services to  
6 a patient at a different physical location. As the provision of telehealth services has increased,  
7 states have adopted statutes that define telehealth and impose requirements with respect to its  
8 use. These statutes have evolved over time, often becoming less restrictive. The arrival of the  
9 Covid-19 pandemic greatly expanded patient demand for telehealth services, accelerating this  
10 evolution. To meet patient needs, many states chose to relax licensure and other requirements  
11 that served as barriers to the delivery of telehealth services. In the aftermath of the pandemic,  
12 many states are re-examining laws related to telehealth, often with an eye toward expanding  
13 access to care while maintaining protections for patients.  
14

15 This Telehealth Act reflects this evolutionary trend. It has two broad goals. The first is  
16 to make clear that as a general matter, health care services may be provided through telehealth, if  
17 doing so is consistent with the applicable professional practice standard and the practitioner’s  
18 scope of practice, as defined by the state in which the patient is located. The act emphasizes the  
19 parallels between the delivery of telehealth services and the delivery of traditional, in-person  
20 services. A physician required to obtain informed consent for in-person care must also obtain  
21 informed consent for comparable telehealth care. A practitioner providing telehealth services to  
22 a patient located in the state must adhere to the same privacy and confidentiality laws that would  
23 apply if the care were provided in person in the state. A professional practice standard that  
24 requires that a physician maintain records documenting care applies regardless of whether the  
25 care is provided in person or via telehealth. A professional practice standard that requires  
26 followup treatment would similarly apply regardless of whether the initial care is provided in  
27 person or via telehealth. If state law prohibits the provision of a type of care, that prohibition  
28 will apply to both care provided in person and care provided through telehealth.  
29

30 The Telehealth Act acknowledges that there may be circumstances when provision of  
31 telehealth services is not permitted, even if equivalent in-person services are permitted. Section  
32 3(a) makes clear that state law may prohibit the provision of certain services via telehealth.  
33 Section 4(c) permits state boards to adopt rules that limit the prescription of controlled  
34 substances via telehealth. Ordinarily, however, a practitioner may provide services through  
35 telehealth, if doing so is consistent with the applicable professional practice standard.  
36

37 The Telehealth Act’s second goal is to establish a registration system for out-of-state  
38 practitioners. This act permits a practitioner licensed elsewhere to provide telehealth services to  
39 patients located in the state adopting the act. In many respects, the registration system the act  
40 creates resembles a licensure system. The act allows a board to decline to register a practitioner  
41 if it would decline to license the practitioner, as a result of a disciplinary action in another state.  
42 It ensures that a registered practitioner, like a licensed practitioner, is subject to disciplinary  
43 actions within the state. It also extends requirements for insurance coverage applicable to  
44 licensed practitioners to registered practitioners.

1           While the act's registration system imposes some obligations on practitioners, its overall  
2 impact is to reduce the burden on practitioners that might otherwise be subject to differing  
3 licensure requirements in multiple states. Registered providers are only subject to licensure-  
4 related requirements in the state or states in which they hold licenses, not in states in which they  
5 are registered. By reducing the licensure-related barriers to providing care across state lines, a  
6 registration system may help to expand state residents' access to health care services.

1 **Telehealth Act**

2 **Section 1. Title**

3 This [act] may be cited as the Telehealth Act.

4 **Section 2. Definitions**

5 In this [act]:

6 (1) "Board" means an entity responsible for licensing, certifying, or disciplining  
7 practitioners.

8 (2) "Electronic" means relating to technology having electrical, digital, magnetic,  
9 wireless, optical, electromagnetic, or similar capabilities.

10 (3) "Health care services" means any care, treatments, services, or procedures to  
11 maintain, diagnose, or otherwise affect an individual's physical or mental condition.

12 (34) "Out-of-state practitioner" means an individual licensed, certified, or  
13 otherwise authorized by the law of another state to provide health care services in another that  
14 state.

15 (45) "Practitioner" means an individual licensed or certified under [cite to  
16 applicable statutes], or otherwise authorized by law in this state, including through the  
17 registration process established under Section 67, to provide health care services in this state.

18 (56) "Registered practitioner" means an out-of-state practitioner registered under  
19 Section 67.

20 (67) "Registering board" means a board that registers practitioners under Section  
21 67.

22 (8) "Scope of practice" means the extent of the authorization to provide health  
23 care services granted to a practitioner, including any conditions imposed by the entity granting

1 [authorization.](#)

2 (79) “State” means a state of the United States, the District of Columbia, Puerto  
3 Rico, the United States Virgin Islands, or any other territory or possession subject to the  
4 jurisdiction of the United States. The term includes a federally recognized Indian tribe.

5 (810) “Telecommunication technology” means a technology that supports  
6 communication through electronic means. The term is not limited to a regulated technology or a  
7 technology associated with a regulated industry.

8 (911) “Telehealth” means use of synchronous or asynchronous  
9 telecommunication technology to provide health care services to a patient at a different physical  
10 location than the practitioner.

11 (120) “Telehealth service” means a health care service provided through  
12 telehealth.

13 *Legislative Note: In paragraph (3), a state should cite to the statutes that provide for licensure  
14 or certification of the types of providers whose provision of telehealth services will be subject to  
15 this act.*

### 16 17 **Comment**

18  
19 The term “telecommunication technology” includes both landline and cellular telephones.

### 20 21 **[Section 3. Scope**

22 This ~~Act [act]~~ does not apply to applies to all health care services except for those  
23 regulated by [cite to statutes regulating health care services excluded from the scope of this

24 ~~{act}.~~]

25 *Legislative Note: Include this section if a state intends to exclude particular regulated health  
26 care services, such as abortion-related services, end-of-life services care, or the prescribing of  
27 medical marijuana, from the scope of this act.*

### 28 29 **Section 4. Telehealth Authorization**

1 (a) A practitioner may provide a telehealth service [to a patient located in this state](#) if to do  
2 so:

3 (1) is consistent with the applicable professional practice standard in this state and  
4 the practitioner’s scope of practice in this state; and

5 (2) is not otherwise prohibited by [federal law or the law of this state.](#)~~law.~~

6 (b) A practitioner-patient relationship may be established through telehealth.

7 **Comment**

8 This Section is intended to make clear that as a general matter, health care services may  
9 be provided through telehealth, if doing so is consistent with the applicable professional practice  
10 standard and the practitioner’s scope of practice. However, state law may prohibit the provision  
11 of particular types of telehealth services. For example, state statutes restricting or prohibiting the  
12 prescription of abortion-inducing medications or other controlled substances through telehealth  
13 will continue to apply. In no case can an out-of-state practitioner utilizing telehealth provide  
14 services that are prohibited to a comparably credentialed in-state practitioner. For example, if  
15 nurses are not allowed to prescribe medication in a state, then a nurse in another state may not  
16 use telehealth to prescribe in the first state.

17  
18 **Section 5. Professional Practice Standard**

19 (a) A practitioner who provides telehealth services shall do so consistent with the  
20 professional practice standard applicable to a practitioner who provides a comparable health care  
21 service in person in this state. Professional practice standards and law applicable to the provision  
22 of health care services, including standards and law related to identity verification,  
23 documentation, informed consent, confidentiality, privacy, and security, apply to the provision of  
24 telehealth services.

25 (b) A board or other state agency may not adopt a rule that establishes a separate  
26 professional practice standard for telehealth services or limits the form of telecommunication  
27 technology that may be used for telehealth services, except as authorized in subsection (c).

28 (c) A board or other state agency may adopt a rule that prohibits a practitioner from

1 prescribing, or limits the practitioner’s ability to prescribe, a [controlled substance] ~~if the~~  
2 ~~practitioner’s encounters with a patient have occurred solely or predominantly through~~  
3 ~~telehealth.~~ through telehealth.

4 (d) A practitioner who prescribes a [controlled substance] through telehealth is subject to  
5 a requirement, limitation, or prohibition in federal or state law relating to prescription of a  
6 [controlled substance], including a reporting requirement in this state.

7 **Legislative Note:** *A state may use the general term “controlled substance” or replace this term*  
8 *with a reference to a substance identified as a dangerous controlled substance in a state statute.*

9  
10 **Comment**

11  
12 This section applies to all practitioners who provide telehealth services to patients located  
13 in this state, regardless of the location of the practitioner. A practitioner physically located  
14 outside this state who provides telehealth services to a patient in this state is subject to the same  
15 professional practice standard, limitations on prescribing, and limitations on scope of practice as  
16 a practitioner physically located in this state who holds a substantially similar license in this  
17 state. If a professional board adopts a rule limiting the prescription of opioids as permitted by  
18 subsection (c), then those limits are equally applicable to practitioners providing care to patients  
19 located in the state, regardless of where the practitioners are located.

20  
21 Subsection (b) precludes boards from establishing a separate professional practice  
22 standard for telehealth services. Generally applicable professional practice standards would  
23 continue to apply, however, and may have the effect of limiting the circumstances under which  
24 telehealth may be used. For example, if determining appropriateness of a medical treatment  
25 requires obtaining specific information about the condition of an individual, a board could  
26 impose a rule requiring a practitioner to obtain that information before delivering the treatment.  
27 Such a rule would not establish a separate standard for telehealth but could have the effect of  
28 limiting the use of telehealth, if that information could be obtained only through some forms of  
29 telehealth technology, or only through an in-person test or screening.

30  
31 **Section 6. Out-of-State Practitioner**

32 (a) An out-of-state practitioner may provide a service through telehealth to a patient  
33 located in this state if the practitioner:

34 (1) holds the appropriate license or certification to provide the service in this state  
35 or is otherwise authorized to provide the service in this state, including through a multistate

1 compact of which this state is a member;

2 (2) registers under Section ~~6~~7 with the board responsible for licensing or  
3 certifying practitioners who provide the type of service the out-of-state practitioner provides;

4 (3) provides the service in consultation with a practitioner licensed in this state  
5 who has established a practitioner-relationship with the patient; or

6 (4) is located outside this state, does not have an office in this state, and:

7 (A) is providing a telehealth service as follow-up care to treatment  
8 provided in person in the state in which the practitioner is licensed, certified, or otherwise  
9 authorized by law to provide the treatment; ~~practitioner's state of licensure~~; and

10 (B) the follow-up care is infrequent or episodic and occurs not later than  
11 [one year] after the previously provided in-person treatment.

12 (b) A requirement for licensure applicable to a practitioner who supervises a practitioner  
13 providing a telehealth service may be satisfied through registration under Section ~~6~~7.

14 [(c) A requirement for licensure applicable to a practitioner who controls or is otherwise  
15 associated with an entity that provides health care services to a patient located in this state may  
16 be satisfied through registration under Section ~~6~~7, if the entity does not provide in-person health  
17 care services to a patient located in this state.]

18 **Legislative Note:** *A state that requires an entity that provides health care services to be*  
19 *controlled by or otherwise associated with a licensed practitioner may adopt subsection (c).*

20  
21  
22

### Comment

23 Out-of-state practitioners may provide telehealth services if they are “otherwise  
24 authorized to provide care in this state,” even if they are not licensed or registered in this state.  
25 For example, under the Emergency Management Assistance Compact, under certain  
26 circumstances practitioners can provide services in a state without having obtained a license in  
27 that state. If a state permits pharmacists employed by a licensed pharmacy to provide health care  
28 services in a state without obtaining a professional license in the state, such pharmacists could  
29 provide telehealth services to patients in the state without obtaining a license or registration.

1 States may have exempted from licensure requirements students in training programs, certain  
2 practitioners providing care at the scene of an emergency, or practitioners providing services for  
3 individuals participating in athletic events, among others. If a practitioner providing telehealth  
4 services satisfies all requirements for an exemption, the practitioner may provide those services  
5 without obtaining a license or registering under this [act].

6 Additionally, registration under this section is sufficient to satisfy any requirement that a  
7 practitioner be licensed in order to act as a supervisor of another practitioner providing telehealth  
8 services. Similarly, registration will satisfy any licensure requirement for serving as a medical  
9 director or other controlling person of an entity providing telehealth services.

## 10 **Section 7. Board Registration of Out-of-State Practitioner**

12 (a) A board established under [cite to relevant state statutes] shall register an out-of-state  
13 practitioner not licensed, certified, or otherwise authorized to provide the practitioner's services  
14 in this state if the practitioner:

15 (1) completes an application in the form prescribed by the registering board;

16 (2) holds an active, unrestricted license in another state that is substantially  
17 similar to a license issued by this state to provide health care services;

18 (3) during the [five]-year period immediately before the submission of the  
19 application, has not been the subject of disciplinary action by a board-, other than an action  
20 relating to a fee payment or continuing education requirement that subsequently was addressed  
21 to the satisfaction of the board that took the disciplinary action;

22 (4) has never been subject to a disciplinary action that the registering board  
23 determines would be the basis for denying a license in this state;

24 (5) [consents to personal jurisdiction in this state and](#) identifies a duly appointed  
25 [registered][statutory] agent for service of process in this state in the form prescribed by the  
26 registering board;

27 (6) demonstrates to the registering board that the practitioner has professional  
28 liability insurance that includes coverage for telehealth services provided to patients located in

1 this state in an amount equal to or greater than the requirement for a licensed practitioner  
2 providing the same services in this state; and

3 (7) pays the registration fee.

4 (b) A registering board may charge a registration fee that reflects the expected cost of  
5 maintaining the registry and taking disciplinary action against or conducting other activity with  
6 respect to registered practitioners.

7 (c) The registering board shall make available to the public information about registered  
8 practitioners in the same manner it makes available to the public information about licensed  
9 practitioners.

10 **Section 8. Disciplinary Action by Registering Board**

11 (a) A registering board may take disciplinary action against a registered practitioner who:

12 (1) fails to provide a notification required by Section 89;

13 (2) holds a license that has been restricted in a state;

14 (3) has been the subject of disciplinary action by a board in a state, other than an  
15 action relating to a fee payment or continuing education requirement that is addressed to the  
16 satisfaction of the board that took the disciplinary action;

17 (4) violates a requirement of this [act]; or

18 (5) commits an act that is ground for disciplinary action under the rules applicable  
19 to a practitioner who is licensed or certified to provide ~~practitioner who provides~~ comparable  
20 services in this state.

21 (b) ~~Disciplinary action by a~~ registering board may take any form of disciplinary action  
22 against a registered practitioner that it is authorized to take against a licensed or certified  
23 practitioner who provides comparable services in this state. Disciplinary actions may include

1 ~~may include~~ suspension or revocation of the practitioner’s registration, ~~or any other action the~~  
2 ~~board may take against a licensed practitioner who provides comparable services in this state.~~

3 **Section 9. Registered Practitioner**

4 (a) A registered practitioner:

5 (1) ~~shall~~, not later than [seven] days after a board in a state places a restriction on  
6 the practitioner’s license, notifies the practitioner of an investigation, or takes a disciplinary  
7 action against the practitioner, shall notify the registering board of the restriction, investigation,  
8 or action;

9 (2) shall maintain professional liability insurance that includes coverage for  
10 telehealth services provided to patients located in this state in an amount equal to or greater than  
11 the requirements for a licensed practitioner providing the same services in this state; and

12 (3) may not open an office in this state or provide in-person health care services to  
13 a patient located in this state.

14 (b) For the purpose of this [act], the provision of health care services occurs where the  
15 patient is located at the time of provision or in the patient’s county of residence. A civil action  
16 arising out of a registered practitioner’s provision of telehealth services to a patient located in  
17 this state may be brought in the patient’s county of residence in this state or in another location  
18 authorized by law.

19 **Comment**

20  
21 Subsection (b) permits a patient to sue a registered practitioner in the patient’s county of  
22 residence as well as “in another location authorized by law.” This subsection makes clear that a  
23 venue provision in state law will apply to suits arising out of telehealth services provided to a  
24 patient located in the state, just as it would to services delivered in-person in the state.

25  
26 **[Section 10. See Memo]**

27 **[Section 11. Rulemaking Authority]**

1 Except as provided in Section 54(b), a board may adopt rules under [cite to state  
2 administrative procedure act] to administer, enforce, implement, or interpret this [act].]

3 **Legislative Note:** *A state should include this section only if the state’s administrative procedure  
4 act does not provide adequate rulemaking authority to the board.*

5  
6 **Section 12. Uniformity of Application and Construction**

7 In applying and construing this uniform act, a court shall consider the promotion of  
8 uniformity of the law among jurisdictions that enact it.

9 **Section 13. Relation to Electronic Signatures in Global and National Commerce Act**

10 This [act] modifies, limits, or supersedes the Electronic Signatures in Global and National  
11 Commerce Act, 15 U.S.C. Section 7001 et seq.[, as amended], but does not modify, limit, or  
12 supersede 15 U.S.C. Section 7001(c), or authorize electronic delivery of any of the notices  
13 described in 15 U.S.C. Section 7003(b).

14 **Legislative Note:** *It is the intent of this act to incorporate future amendments to the cited federal  
15 law. A state in which the constitution or other law does not permit incorporation of future  
16 amendments when a federal statute is incorporated into state law should omit the phrase “, as  
17 amended”. A state in which, in the absence of a legislative declaration, future amendments are  
18 incorporated into state law also should omit the phrase.*

19  
20 **[Section 14. Severability**

21 If a provision of this [act] or its application to a person or circumstance is held invalid,  
22 the invalidity does not affect another provision or application that can be given effect without the  
23 invalid provision.]

24 **Legislative Note:** *Include this section only if the state lacks a general severability statute or a  
25 decision by the highest court of the state stating a general rule of severability.*

26  
27 **[Section 15. Repeals; Conforming Amendments**

28 (a) . . .

29 (b) . . .]

30 **Legislative Note:** *A state should examine its statutes to determine whether conforming revisions*

1 *are required by provisions of this act relating to { }. See Section { }.*

2

3 **Section 16. Effective Date**

4 This [act] takes effect . . .