



## UNIFORM TELEHEALTH ACT (2022)

### *Summary*

The Uniform Telehealth Act (“UTA”) was promulgated by the Uniform Law Commission (“ULC”) in 2022, reflecting a multiyear collaborative and non-partisan process with input from leading telehealth experts, regulators, and stakeholders. Since the onset of the COVID-19 pandemic, practitioners and patients have increasingly turned to telehealth, the use of synchronous and asynchronous telecommunication technology to provide health care to a patient in a different physical location. Improvements in telecommunication technologies have transformed the delivery of health care, increasing access for those in underserved geographic areas as well as others who face barriers in accessing services provided in person.

Many states are re-examining laws related to telehealth and considering modifications that expand access to care while maintaining important protections for patients. The Uniform Telehealth Act reflects this evolutionary trend, giving states the necessary guidance and framework to facilitate the delivery of telehealth services consistent with the applicable standards of care and opening state borders for practitioners to assist patients in a more convenient and cost-effective manner. The Uniform Telehealth Act is also a powerful tool for healthcare equity, facilitating widespread access to timely and effective healthcare. Patients may face barriers to obtaining in-person care because they live in rural areas, lack access to transportation, have limited mobility, are embarrassed or anxious in seeking care, or are simply busy. Telehealth enables such patients to seek care from a qualified practitioner no matter their location.

The Uniform Telehealth Act has two broad goals: (1) to make clear that as a general matter, a practitioner who is licensed or otherwise authorized to provide health care in a state in which a patient is located may provide care through telehealth, if doing so is consistent with the applicable professional practice standards and the practitioner’s scope of practice as defined by the patient’s state; and (2) to expand the circumstances under which qualified out-of-state practitioners are permitted to deliver telehealth services to patients located in the enacting state, including by implementing a registration system.

Below are several key features of the Uniform Telehealth Act:

- Defines telehealth broadly as the use of synchronous or asynchronous telecommunication technology by a practitioner to provide health care to a patient at a different physical location than the practitioner.
- Authorizes a practitioner-patient relationship to be established through telehealth.
- Permits practitioners to deliver healthcare services through telehealth technology if consistent with their scope of practice and the standard of care, as well as other state and federal laws.
- Requires practitioners using telehealth to follow the professional practice standards applicable to the delivery of in-person services including those related to prescribing, consent, patient privacy, and unprofessional conduct.
- Creates easier pathways for out-of-state practitioners to treat patients across state lines via telehealth, including:

The ULC is a nonprofit formed in 1892 to create nonpartisan state legislation. Over 350 volunteer commissioners—lawyers, judges, law professors, legislative staff, and others—work together to draft laws ranging from the Uniform Commercial Code to acts on property, trusts and estates, family law, criminal law and other areas where uniformity of state law is desirable.

- Allowing out-of-state providers to register with the applicable in-state board to deliver telehealth services to in-state patients if they meet a number of requirements, such as holding an active, unrestricted license or certification; not being subject to a pending disciplinary investigation; and not having been recently disciplined.
- Establishing exceptions allowing practitioners to deliver care via telehealth without the need for licensure or registration in the state where the patient is located. Care subject to exceptions includes follow-up care with existing patients, consultations, second opinions, and specialty assessments.
- Does not include provisions related to health insurance coverage, instead leaving these policy choices to states.

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