

D R A F T
FOR DISCUSSION ONLY

Telehealth Act

Uniform Law Commission

October 1, 2021 Meeting



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National Conference of Commissioners on Uniform State Laws

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September 17, 2021

Telehealth Act

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Telehealth Act

Prefatory Note

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

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

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

The Telehealth Act's second goal is to establish a registration system for out-of-state practitioners. This act permits a practitioner licensed elsewhere to provide telehealth services to patients located in the state adopting the act. In many respects, the registration system the act creates resembles a licensure system. The act allows a board to decline to register a practitioner if it would decline to license the practitioner, as a result of a disciplinary action in another state. It ensures that a registered practitioner, like a licensed practitioner, is subject to disciplinary actions within the state. It also extends requirements for insurance coverage applicable to 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 (4) "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 that state.

14 (5) "Practitioner" means an individual licensed or certified under [cite to
15 applicable statutes], or otherwise authorized by law in this state, including through the
16 registration process established under Section 7, to provide health care services in this state.

17 (6) "Registered practitioner" means an out-of-state practitioner registered under
18 Section 7.

19 (7) "Registering board" means a board that registers practitioners under Section 7.

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

23 (9) "State" means a state of the United States, the District of Columbia, Puerto

Rico, the United States Virgin Islands, or any other territory or possession subject to the jurisdiction of the United States. The term includes a federally recognized Indian tribe.

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

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

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

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

Comment

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

[Section 3. Scope

This [act] applies to all health care services except for those regulated by [cite to statutes regulating health care services excluded from the scope of this act.]

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

Section 4. Telehealth Authorization

(a) A practitioner may provide a telehealth service to a patient located in this state if to do so:

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

(2) is not otherwise prohibited by federal law or the law of this state.

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

Comment

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

Section 5. Professional Practice Standard

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

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

(c) A board or other state agency may adopt a rule that prohibits a practitioner from prescribing, or limits the practitioner's ability to prescribe, a [controlled substance] through telehealth.

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

1 [controlled substance], including a reporting requirement in this state.

2 **Legislative Note:** *A state may use the general term “controlled substance” or replace this term*
3 *with a reference to a substance identified as a dangerous controlled substance in a state statute.*
4

5 **Comment**

6

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

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

26 **Section 6. Out-of-State Practitioner**

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

29 (1) holds the appropriate license or certification to provide the service in this state
30 or is otherwise authorized to provide the service in this state, including through a multistate
31 compact of which this state is a member;

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

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

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

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

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

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

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

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

Comment

Out-of-state practitioners may provide telehealth services if they are “otherwise authorized to provide care in this state,” even if they are not licensed or registered in this state. For example, under the Emergency Management Assistance Compact, under certain circumstances practitioners can provide services in a state without having obtained a license in that state. If a state permits pharmacists employed by a licensed pharmacy to provide health care services in a state without obtaining a professional license in the state, such pharmacists could provide telehealth services to patients in the state without obtaining a license or registration. States may have exempted from licensure requirements students in training programs, certain practitioners providing care at the scene of an emergency, or practitioners providing services for individuals participating in athletic events, among others. If a practitioner providing telehealth services satisfies all requirements for an exemption, the practitioner may provide those services without obtaining a license or registering under this [act].

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

1 **Section 7. Board Registration of Out-of-State Practitioner**

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

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

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

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

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

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

17 (6) demonstrates to the registering board that the practitioner has professional
18 liability insurance that includes coverage for telehealth services provided to patients located in
19 this state in an amount equal to or greater than the requirement for a licensed practitioner
20 providing the same services in this state; and

21 (7) pays the registration fee.

22 (b) A registering board may charge a registration fee that reflects the expected cost of
23 maintaining the registry and taking disciplinary action against or conducting other activity with

1 respect to registered practitioners.

2 (c) The registering board shall make available to the public information about registered
3 practitioners in the same manner it makes available to the public information about licensed
4 practitioners.

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

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

7 (1) fails to provide a notification required by Section 9;

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

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

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

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

15 (b) A registering board may take any form of disciplinary action against a registered
16 practitioner that it is authorized to take against a licensed or certified practitioner who provides
17 comparable services in this state. Disciplinary actions may include suspension or revocation of
18 the practitioner's registration.

19 **Section 9. Registered Practitioner**

20 (a) A registered practitioner:

21 (1) not later than [seven] days after a board in a state places a restriction on the
22 practitioner's license, notifies the practitioner of an investigation, or takes a disciplinary action
23 against the practitioner, shall notify the registering board of the restriction, investigation, or

1 action;

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

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

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

12 **Comment**

13
14 Subsection (b) permits a patient to sue a registered practitioner in the patient’s county of
15 residence as well as “in another location authorized by law.” This subsection makes clear that a
16 venue provision in state law will apply to suits arising out of telehealth services provided to a
17 patient located in the state, just as it would to services delivered in-person in the state.

18
19 **[Section 10. See Memo]**

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

21 Except as provided in Section 5(b), a board may adopt rules under [cite to state
22 administrative procedure act] to administer, enforce, implement, or interpret this [act].]

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

25 26 **Section 12. Uniformity of Application and Construction**

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

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

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

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

11
12 **[Section 14. Severability]**

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

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

18
19 **[Section 15. Repeals; Conforming Amendments]**

20 (a) . . .

21 (b) . . .]

22 ***Legislative Note:** A state should examine its statutes to determine whether conforming revisions*
23 *are required by provisions of this act relating to { }. See Section { }.*

24
25 **Section 16. Effective Date**

26 This [act] takes effect . . .