

D R A F T  
FOR DISCUSSION ONLY

## Telehealth Act

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Uniform Law Commission

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| [~~November 18~~ April 8-9, 2022](#) Committee Meeting



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## **Telehealth Act**

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## **Telehealth Act**

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## Telehealth Act

## Prefatory Note

In recent years, improvements in telecommunication technologies have transformed the delivery of health care.<sup>—</sup> 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.<sup>—</sup> As the provision of telehealth services has increased, states have adopted statutes that define telehealth and impose requirements with respect to its use.<sup>—</sup> These statutes have evolved over time, often becoming less restrictive.<sup>—</sup> The arrival of the Covid-19 pandemic greatly expanded patient demand for telehealth services, accelerating this evolution.<sup>—</sup> To meet patient needs, many states chose to relax licensure and other requirements that served as barriers to the delivery of telehealth services.<sup>—</sup> 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.<sup>—</sup> 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.<sup>—</sup> 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.<sup>—</sup> This act permits a practitioner licensed elsewhere to provide telehealth services to patients located in the state adopting the act.<sup>—</sup> In many respects, the registration system the act creates resembles a licensure system.<sup>—</sup> 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.<sup>—</sup> 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.

7  
8        The Telehealth Act does not include provisions related to insurance coverage or provider  
9 payment, instead leaving these policy choices to the states. Given the implications of coverage  
10 and payment policies for access to telehealth services, states may want to re-examine these  
11 provisions at the same time they adopt this act.

## Telehealth Act

## Section 1. Title

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

## Section 2. Definitions

In this [act]:

(1) "Board" means an entity responsible for licensing, certifying, or disciplining

an individuals who provides health care ~~services~~.

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

(3) “Health care services” means care, treatments, a services, or a procedures to monitor, diagnose, or otherwise affect an ~~individual's~~individual's physical or mental or condition.

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

(5) "Practitioner" means an individual:

(A) licensed or certified under-[: cite to applicable state statutes

(i) ...

(ii)  $\vdash, \dots ]$ ; or

(B) otherwise authorized by law of this state, including through the

20 registration process established under Section 6, to provide health care services in this state.

(7) "Registering board" means a board that registers out-of-state practitioners

1 under Section 6.

2 (8) “Scope of practice” means the extent of a practitioner’s authority to provide  
3 health care-~~services~~, including any conditions imposed by the authorizing board.

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

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

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

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

14 **Legislative Note:** In paragraph (5), a state should cite to—the statutes that provide for licensure  
15 or certification of the types of providers whose provision of telehealth services will be subject to  
16 this act.

17  
18 **Comments**  
19  
20

21 1. Improvements in technology have greatly expanded the types of health care that can be  
22 delivered to patients at distant locations. As technology continues to evolve, it is important that  
23 regulatory structures encompass new technologies and the diverse forms of care that they can  
24 help deliver. For this reason, “health care” is defined broadly to include diverse activities  
25 practitioners undertake with the goal of improving health. Similarly, the definitions of  
26 “telehealth” and “telecommunication technology” do not restrict the forms of technology that  
27 practitioners may use to provide health care to patients at distant locations. For example,  
28 “telecommunication technology” includes both landline and cellular telephones, in addition to  
29 internet-based technology.~~The term “telecommunication technology” includes both landline and~~  
30 ~~cellular telephones.~~

31  
32 2. The definitions in this section apply only to the provisions of this [act], and the terms  
33 included may be defined differently elsewhere in state law. For example, states with statutes

1 related to insurance coverage or payment policy for telehealth services may define telehealth  
2 differently for the purpose of coverage or payment requirements.

3

### 4 Section 3. Telehealth Authorization

5 (a) A practitioner may provide a telehealth service to a patient located in this state ~~if to do~~  
6 ~~so is~~ consistent with the practitioner's scope of practice in this state, the applicable professional  
7 practice standard in this state, and the requirements and limitations of federal law and law of this  
8 state.

9 (b) This [act] does not authorize provision of ~~a~~ health care ~~service~~ otherwise prohibited  
10 by federal law or ~~the~~ law of this state.

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

12

### Comment

13 This ~~Section section~~ is intended to make clear that as a general matter, health care  
14 services may be provided through telehealth, if doing so is consistent with the applicable  
15 professional practice standard and the practitioner's scope of practice.~~—~~ However, state or federal  
16 law may limit or prohibit the provision of particular types of telehealth services.~~—~~ For example, if  
17 state or federal law restricts the prescription of medical marijuana or the provision of certain  
18 types of end-of-life care, these restrictions would apply to those seeking to deliver such services  
19 through telehealth, just as they would to those seeking to deliver such services in person.~~—~~ A  
20 state statute might also prohibit the delivery of services through telehealth; for example, a state  
21 might prohibit the prescription of abortion-inducing medications or other controlled substances  
22 through telehealth.Such prohibitions would apply to a practitioner providing health care to  
patients located in the state, regardless of where the practitioner is located. If state regulations  
restrict the provision of care to an individual holding a particular type of license, then neither in-  
state nor out-of-state practitioners holding another type of license would be permitted to provide  
that care. In no case can an out-of-state practitioner use telehealth to provide services that ~~are~~  
~~prohibited to~~ a comparably credentialed in-state practitioner is prohibited from providing.

28

### 29 Section 4. Professional Practice Standard

30 (a) A practitioner shall provide a telehealth service in a manner~~—~~ consistent with the  
31 professional practice standard applicable to a practitioner who provides ~~a~~ comparable in-person  
32 health care ~~service in person~~ in this state.~~—~~ Professional practice standards and law applicable to  
33 the provision of health care~~-services~~, including standards and law related relating to identity

1 verification, documentation, informed consent, confidentiality, privacy, and security, apply to the  
2 provision of telehealth services.

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

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

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

12 ***Legislative Note:*** A state may use the general term "controlled substance" or replace ~~this the~~  
13 term with a reference to a substance identified as a ~~dangerous~~ controlled substance in a state  
14 statute.

## Comments

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

27 2. Section 4(a) makes clear that the regulatory structure applicable to the delivery of in-  
28 person health care also applies to the delivery of telehealth services. Standards of practice  
applicable to health care generally will also apply to health care delivered through electronic  
30 means. For example, a requirement that a physician obtain informed consent in an in-person care  
31 delivery setting would also apply in the context in telehealth. Similarly, expectations that health  
32 care providers verify an individual's identity should apply equally to in-person health care and  
33 telehealth services.

34 3.

1    ~~Subsection (b) precludes boards from establishing a separate professional practice standard for~~  
2    ~~telehealth services. Section 4(b) reinforces section 4(a) by prohibiting boards from creating an~~  
3    ~~independent standard applicable only to telehealth services. Because telehealth is a mechanism~~  
4    ~~for delivering health care, practitioners are expected to ensure that any telehealth services they~~  
5    ~~provide meet any standards of practice for health care in general. Unitary standards equally~~  
6    ~~applicable to in-person and remote provision of care do not imply, however, that the process for~~  
7    ~~delivering telehealth services will be identical to the process for delivering in-person health care.~~  
8    ~~In some cases, practitioners will not be able to provide telehealth services because such services~~  
9    ~~would not meet the standard of care. Generally applicable professional practice standards would~~  
10   ~~continue to apply, however, and may have the effect of limiting the circumstances under which~~  
11   ~~telehealth may be used.~~ For example, if determining appropriateness of a medical treatment  
12   requires obtaining specific information about the condition of an individual, a board could  
13   impose a rule requiring a practitioner to obtain that information before delivering the treatment.  
14   Such a rule would not establish a separate standard for telehealth but could have the effect of  
15   ~~limiting the use of telehealth. If only some telecommunication technologies are capable of~~  
16   ~~providing the required information, then a practitioner would only be able to use telehealth if~~  
17   ~~they and their patients had access to the appropriate technologies. If the information could only~~  
18   ~~be obtained through an in-person test or screening, then a practitioner would not be able to use~~  
19   ~~telehealth services. Limiting the use of telehealth, if that information could be obtained only~~  
20   ~~through some forms of telehealth technology, or only through an in-person test or screening.~~

21  
22   4. A state may adopt statutes imposing a limit or placing a prohibition on the use of  
23   telehealth. Such statutory limits are contemplated by section 3(a) of this [act] and  
24   notwithstanding section 4(b), boards may adopt regulations implementing or interpreting such  
25   statutes to the extent permitted by state law.

26  
27   5. Many states currently limit or prohibit practitioners from prescribing certain substances  
28   through telehealth. Section 4(c) permits boards to continue to adopt and modify rules  
29   establishing requirements, restrictions, or prohibitions with respect to the prescription of  
30   controlled substances, notwithstanding the limitations imposed by section 4(b). States should  
31   replace the term “controlled substances” with any similar term they use in statutes to identify  
32   substances for which special limitations may be warranted.

33  
34   6. Section 4(d) makes clear that a law applicable to the prescription of a controlled  
35   substance generally will also apply in the context of telehealth.

36  
37   38   **Section 5. Out-of-State Practitioner**

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

41               (1) holds ~~the appropriate~~ license or certification required to provide the ~~service~~  
42   health care in this state or is otherwise authorized to provide the ~~service~~ health care in this state,

1 including through a multistate compact of which this state is a member;

2                         (2) registers under Section 6 with the registering board responsible for licensing

3 or certifying practitioners who provide the type of ~~service~~health care the out-of-state practitioner

4 provides; or

5                         (3) provides the telehealth service:

6                                 (A) ~~the service~~ in consultation with a practitioner who has established a

7 practitioner-patient relationship with the patient;

8                                 (B)- in the form of a second opinion with respect to a health concern for

9 which the patient has already received an initial opinion from a practitioner or another out-of-

10 state practitioner; or

11                                 (4C) ~~is located outside this state, does not have an office in this state, and:~~

12                                 (A) ~~provides the telehealth service~~ as follow-up ~~care~~ to ~~treatment~~health

13 care provided in the state in which the out-of-state practitioner is licensed, certified, or otherwise

14 authorized by law to provide the ~~treatment~~health care if; ~~and~~

15                                 (B) ~~the follow-up care~~ is infrequent or episodic and occurs not later than

16 [one year] after the previously provided ~~in-person treatment~~health care.

17                         (b) A requirement for licensure or certification of as applied to an out-of-state practitioner

18 who supervises an out-of-state practitioner providing a telehealth service may be satisfied

19 through registration under Section 6.

20                         [(c) A requirement for licensure ~~applicable to~~or certification of an out-of-state

21 practitioner who controls or is otherwise associated with an entity that provides health care

22 ~~services~~ to a patient located in this state may be satisfied through registration under Section 6, if

23 the entity does not provide in-person health care~~services~~ to a patient located in this state.]

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

4

5      **Comments**

6

7      1. Under Section 5(a)(1), individuals who are licensed to provide health care in another state  
8      are authorized to provide telehealth service in this state if they are appropriately licensed or  
9      certified in this state or if they are otherwise authorized to provide health care in this state. Out-  
10     of-state practitioners may provide telehealth services if they are “otherwise authorized to provide  
11     care in this state,” even if they are not licensed or registered in this state. Many states currently  
12     permit out-of-state practitioners to provide health care within the state, even if they do not hold a  
13     license in the state. For example, a ~~S~~states may have exempted from licensure requirements  
14     students in training programs, certain practitioners providing care at the scene of an emergency,  
15     or practitioners providing services for individuals participating in athletic events, among others.  
16     Under section 5(a)(1), individuals who satisfy the requirements of these exemptions when  
17     providing health care through telehealth would be permitted to do so. If a state permits a  
18     pharmacists employed by a licensed pharmacy to provide health care services in a state without  
19     obtaining a professional license in the state, such the pharmacists could provide telehealth  
20     services to patients in the state without obtaining a license or registration. Under under the  
21     Emergency Management Assistance Compact, under certain circumstances practitioners can  
22     provide services in a state without having obtained a license in that state. If a state permits  
23     pharmacists employed by a licensed pharmacy to provide health care services in a state without  
24     obtaining a professional license in the state, such pharmacists could provide telehealth services to  
25     patients in the state without obtaining a license or registration. States may have exempted from  
26     licensure requirements students in training programs, certain practitioners providing care at the  
27     scene of an emergency, or practitioners providing services for individuals participating in athletic  
28     events, among others. If In general, if a practitioner providing telehealth services satisfies all  
29     requirements for an exemption, the practitioner may provide those services without obtaining a  
30     license or registering under this [act].

31

32      2. Under section 5(a)(2), out-of-state practitioners who do not hold a license in the state  
33      may register under Section 6. Registration under section 6 authorizes out-of-state practitioners to  
34      provide telehealth services to patients located in the state of registration, but does not authorize  
35      the provision of in-person health care in the state of registration.

36

37      3. Sections 5(a)(3)(A) and 5(a)(3)(B) permit out-of-state practitioners not holding either a  
38      license or registration to provide telehealth services to patients located in this state in certain  
39      circumstances in which a patient is already receiving care from another licensed individual.  
40      Under section 5(a)(3)(A), an out-of-state practitioner is authorized to consult with a practitioner  
41      who has established a practitioner-patient relationship within this state. Under section 5(a)(3)(B),  
42      an out-of-state practitioner may provide a second opinion to a patient within this state who has  
43      previously sought and received an initial opinion from another appropriately licensed individual.

44

45      4. Section 5(a)(3)(C) permits out-of-state practitioners to provide follow-up health care  
46      through telehealth. This provision encompasses the common scenario where a patient who is

1 traveling calls their primary care physician to receive care that the physician would have  
2 provided to the patient, if the patient had been at home at the time the need arose. Section  
3 5(a)(3)(C) permits the patient's primary care physician, another licensed member of the patient's  
4 care team, or any licensed individual that would have provided care within the patient's home  
5 state under an arrangement with the patient's care team, to provide the follow-up care. Out-of-  
6 state practitioners must be mindful, however, that under section 3(a), any requirements with  
7 respect to the delivery of health care within the state of the patient's location will apply,  
8 including scope of practice limitations and limitations on the prescription of controlled  
9 substances. In addition, under section 4(a), the standards of practice within the state of a patient's  
10 location will apply; such standards may have the effect of limiting the types of follow-up care an  
11 out-of-state practitioner may provide via telehealth. Finally, because this provision is meant to  
12 apply to follow-up care, not ongoing care over a longer term, the state should set a time limit on  
13 the receipt of follow-up telehealth services.

14

15 5. Some states require that particular types of practitioners be supervised when delivering  
16 specific forms of health care. If the state requires that a practitioner be supervised by an  
17 individual holding a license or certification within this state, Section (5)(b) permits the  
18 supervisor to meet this requirement for licensure through registration under Section 6.

19

20 6. Some states have enacted corporate practice of medicine laws that require that entities  
21 providing health care within the state be controlled by individuals holding licenses within the  
22 state and/or have medical directors who are licensed within the state. Just as registration under  
23 section 6 would permit out-of-state practitioners to provide health care via telehealth, but not in-  
24 person health care within the state, section 5(c) permits registration under section 6 to meet any  
25 licensure requirements applicable to those holding the specified roles within the entity, but only  
26 if the health care the entity delivers within the state consists only of telehealth services.

27

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

32

33 **Section 6. Board Registration of Out-of-State Practitioner**

- 34 (a) A board established under [cite to relevant state statutes] shall register an out-of-state  
35 practitioner not licensed, certified, or otherwise authorized to provide health care ~~services~~ in this  
36 state for the purpose of providing a telehealth service if the ~~out-of-state~~ practitioner:  
37 (1) ~~e~~completes an submits a completed application in the form prescribed by the  
38 registering board;  
39 (2) holds an active, unrestricted license or certification in another state that is

1        substantially similar to a license or certificate issued by this state to provide health care ~~services~~;

2                (3) is not subject to a pending disciplinary investigation or action by a board;

3                (4) has not been the subject of disciplinary action by a board during the [five]-

4        year period immediately before ~~submission of~~submitting the application, other than an action

5        relating to a fee payment or continuing education requirement ~~that is~~ addressed to the satisfaction

6        of the board that took the disciplinary action;

7                (5) has never been subject to a disciplinary action that the registering board

8        determines would be a basis for denying a license or certification in this state;

9                (6) consents to personal jurisdiction in this state;

10                ~~(7)~~-and identifies in the form prescribed by the registering board a duly an

11        appointed [registered][statutory] agent for service of process in this state ~~in the form~~

12        ~~prescribed by the registering board~~;

13                ~~(78)~~ demonstrates to the registering board that the practitioner has professional

14        liability insurance that includes coverage for telehealth services provided to patients located in

15        this state, in an amount equal to or greater than the requirement for a ~~licensed~~ practitioner

16        providing the same services in this state; and

17                ~~(89)~~ pays the registration fee under subsection (b).

18                (b) A registering board may ~~echarge establish~~ a registration fee that reflects the expected

19        cost of maintaining the registry and taking disciplinary action against or conducting other

20        activity relating to registered practitioners.

21                (c) A registering board shall make available to the public information about registered

22        practitioners in the same manner it makes available to the public information about ~~licensed~~ or

23        certified practitioners authorized to provide ~~substantially similar comparable~~ health care ~~services~~

in ~~the~~this state.

## Comment

Section 6 establishes a registration system for individuals who are licensed or certified to provide health care in another state. Section 6 requires that boards licensing or certifying practitioners included within the scope of this [act] under section 2(5) register out-of-state practitioners. The purpose of this registration is to allow these practitioners to provide telehealth services to patients located within the state, as authorized by section 5(a)(2). Under Section 6, boards are generally required to register out-of-state practitioners who submit a complete application, pay the appropriate fee, consent to personal jurisdiction, and hold any required amount of liability insurance. However, boards are not permitted to register an out-of-state practitioner whose license is inactive or restricted, who is subject to a pending investigation or disciplinary action, who has been subject to certain disciplinary actions within the preceding five years, or who has been disciplined for an action that would lead the board to deny an application for a license or certification.

#### **Section 7. Disciplinary Action by Registering Board**

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

(1) fails to provide a notification required by Section 8(1) or violates another requirement of this [act];

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

(3) has been the subject of disciplinary action by a board in a state, other than an

(3) has been the subject of disciplinary action by a board in a state, other than an

action relating to a fee payment or continuing education requirement **that is** addressed to the satisfaction of the board that took the disciplinary action; **or**

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

(15) commits an act that is ground for disciplinary action under the rules

applicable to a practitioner who is licensed or certified to provide comparable ~~services~~health care in this state.

(b) A registering board may take ~~any form of~~ disciplinary action against a registered

practitioner ~~that~~ it is authorized to take against a licensed or certified practitioner who provides

- 1 comparable services ~~health care~~ in this state.—Disciplinary actions may include suspension or
- 2 revocation of the practitioner's registration.

## Comment

Section 7 extends a board's disciplinary authority with respect to licensed or certified practitioners to practitioners that it registers under Section 6.

## **Section 8. Duties of Registered Practitioner**

~~(a)~~ A registered practitioner:

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

## **Section 9. Jurisdiction and Venue**

(ab) For the purpose of this [act], the provision of ~~health care services~~a telehealth service occurs at the patient's location at the time ~~of provision~~the service is provided or in the patient's [county] of residence.

23           **(b)** A civil action arising out of a registered practitioner's provision of a telehealth  
24 servicess to a patient located in this state may be brought in the patient's [county] of residence in

1 this state or in another location authorized by law.

## Comment

**Subsection Section 9(b)** permits a patient to sue a registered practitioner in the patient's county of residence as well as "in another location authorized by law."—This subsection makes clear that a venue provision in state law will apply to suits arising out of telehealth services provided to a patient located in the state, just as it would to services delivered in-person in the state.

~~[Section 9. See Memo].~~

## **[Section 10. Rulemaking Authority**

12        Except as provided in Section 4(b), a A board may adopt rules under [cite to state  
13 administrative procedure act] to administer, enforce, implement, or interpret this [act].]

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

## **Section 11. Uniformity of Application and Construction**

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

## **Section 12. Relation to Electronic Signatures in Global and National Commerce Act**

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

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

[Section 1312. Severability]

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

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

6

7       **[Section 1413. Repeals; Conforming Amendments]**

- 8           (a) . . .  
9           (b) . . .]

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

12

13       **Section 1514. Effective Date**

14       This [act] takes effect . . .