



IN THE GENERAL ASSEMBLY STATE OF _____

Telehealth Licensure Act

1 Be it enacted by the People of the State of _____, represented in the General
2 Assembly:

3 **Section 1. Title.** This act shall be known as and may be cited as the Telehealth Licensure Act.

4 **Section 2. Definitions.**

5 (A) “Telemedicine” or “telehealth” means health care services provided to a patient in
6 one location from a physician in another location or between two physicians using electronic
7 communication for the purpose of diagnosis, consultation, or treatment. Acceptable modalities
8 include real-time two-way audio-visual, audio-only, store and forward, and remote physiological
9 monitoring, provided the applicable standard of care is satisfied. For audio-only to qualify as an
10 acceptable modality, the physician must have the capacity to provide services via real-time two-
11 way audio visual. Telemedicine or telehealth does not include fax, email, or questionnaires.

12 (B) “Store and forward” transfer means the transmission of a patient’s medical
13 information, such as digital images, documents, and pre-recorded video, from an originating site
14 to the physician at the distant site for clinical evaluation.

15 (C) “Remote physiological monitoring” means the use of a medical tool or wearable
16 device as defined by the U.S. Food and Drug Administration (FDA) that is ordered or prescribed
17 by a physician to collect patient data at the originating site which is transmitted to the physician
18 at the distant site for clinical decision making and care management.

1 *Drafting note: Store and forward technology is most commonly used in radiology,*
2 *pathology, dermatology, and ophthalmology. However, store and forward is also used by*
3 *telehealth companies (often with augmented intelligence) to collect patient history and clinical*
4 *intake via text, mobile apps, and/or online questionnaires with no video or audio component –*
5 *this should not meet the definition of telehealth, or at least should not be used without an existing*
6 *patient-physician relationship, and/or to prescribe.*

7 (D) “Distant site” means a site at which a physician is located while providing health care
8 services by means of telehealth.

9 (E) “Originating site” means a site at which a patient is located at the time health care
10 services are provided to him or her by means of telehealth.

11 **Section 3. Licensure.**

12 (A) Physicians treating patients in [State] through telemedicine or telehealth must be
13 fully licensed to practice medicine in [State] and shall be subject to regulation by the [State]
14 Board of Medicine.

15 (B) This section does not apply to:

16 (1) An informal consultation or second opinion, at the request of a physician
17 licensed to practice medicine in this state, provided that the physician requesting the
18 opinion retains authority and responsibility for the patient’s care; and

19 (2) Furnishing of medical assistance by a physician in case of an emergency or
20 disaster.

21 (C) The [State] Board of Medicine provides a(n) [*insert mechanism based on other*
22 *provisions in state law or regulations, e.g. waiver, exception to licensure, reciprocity of license*
23 *from another state, temporary license, and/or requirement that physician register with state*
24 *board of medicine*] to physicians who have a full and unrestricted license to practice medicine in

1 another state who provide care via only telehealth in [State] to a patient located in [State] with
2 whom the physician has an established and ongoing patient-physician relationship; has treated
3 the patient in-person; the care provided via telehealth is incident to an existing care plan or one
4 that is being modified; and the physician has verified that the telehealth services are covered
5 under the physician’s medical liability insurance policy that satisfies [State] requirements.

6 ***Drafting note:*** *states that have a special telehealth license may need to amend language in this*
7 *provision.*

8 (D) This section shall not be construed to alter the scope of practice of any health care
9 provider or authorize the delivery of health care services in a setting or in a manner not otherwise
10 authorized by the laws of this state.

11 ***Drafting note:*** *States with a patient compensation fund should consider the impact on the fund of*
12 *telehealth use by out-of-state physicians providing continuity of care to existing patients in the*
13 *fund’s state. Physicians and patients should be made aware that a state’s patient compensation*
14 *fund may not be applicable when care using interstate telehealth is provided.*

15 **Section 4. Effective.** This Act shall become effective immediately upon being enacted into
16 law.

17 **Section 5. Severability.** If any provision of this Act is held by a court to be invalid, such
18 invalidity shall not affect the remaining provisions of this Act, and to this end the provisions of
19 this Act are hereby declared severable.



IN THE GENERAL ASSEMBLY STATE OF _____

Telehealth Venue Act

Drafting note: States should consider venue as part of their telehealth legislation and typically defer to existing state venue laws. Optional language is provided below.

1 **Section 1. Title.** This act shall be known as and may be cited as the Telehealth Venue Act.

2 **Section 2. Definitions.**

3 (A) “Telemedicine” or “telehealth” means health care services provided to a patient in
4 one location from a physician in another location or between two physicians using electronic
5 communication for the purpose of diagnosis, consultation, or treatment. Acceptable modalities
6 include real-time two-way audio-visual, audio-only, store and forward, and remote physiological
7 monitoring, provided the applicable standard of care is satisfied. For audio-only to qualify as an
8 acceptable modality, the physician must have the capacity to provide services via real-time two-
9 way audio visual. Telemedicine or telehealth does not include fax, email, or questionnaires.

10 (B) “Store and forward” transfer means the transmission of a patient’s medical
11 information, such as digital images, documents, and pre-recorded video, from an originating site
12 to the physician at the distant site for clinical evaluation.

13 (C) “Remote physiological monitoring” means the use of a medical tool or wearable
14 device as defined by the U.S. Food and Drug Administration (FDA) that is ordered or prescribed
15 by a physician to collect patient data at the originating site which is transmitted to the physician
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5 *this should not meet the definition of telehealth, or at least should not be used without an existing*
6 *patient-physician relationship, and/or to prescribe.*

7 (D) “Distant site” means a site at which a physician is located while providing health care
8 services by means of telehealth.

9 (E) “Originating site” means a site at which a patient is located at the time health care
10 services are provided to him or her by means of telehealth.

11 **Section 3. Venue.**

12 (A) Venue in any suit filed involving care rendered via telemedicine or telehealth
13 pursuant to the provisions of this Act shall be proper and instituted before the district court of the
14 judicial district in which the patient was physically located during the provision of the
15 telemedicine or telehealth service. The patient is considered physically located at the originating
16 site as defined in Section 2(E).

17 **Section 4. Effective.** This Act shall become effective immediately upon being enacted into
18 law.

19 **Section 5. Severability.** If any provision of this Act is held by a court to be invalid, such
20 invalidity shall not affect the remaining provisions of this Act, and to this end the provisions of
21 this Act are hereby declared severable.



IN THE GENERAL ASSEMBLY STATE OF _____

Telehealth Practice Act

1 **Section 1. Title.** This act shall be known as and may be cited as the Telehealth Practice Act.

2 **Section 2. Definitions.**

3 (A) “Telemedicine” or “telehealth” means health care services provided to a patient in
4 one location from a physician in another location or between two physicians using electronic
5 communication for the purpose of diagnosis, consultation, or treatment. Acceptable modalities
6 include real-time two-way audio-visual, audio-only, store and forward, and remote physiological
7 monitoring, provided the applicable standard of care is satisfied. For audio-only to qualify as an
8 acceptable modality, the physician must have the capacity to provide services via real-time two-
9 way audio visual. Telemedicine or telehealth does not include fax, email, or questionnaires.

10 (B) “Store and forward” transfer means the transmission of a patient’s medical
11 information, such as digital images, documents, and pre-recorded video, from an originating site
12 to the physician at the distant site for clinical evaluation.

13 (C) “Remote physiological monitoring” means the use of a medical tool or wearable
14 device as defined by the U.S. Food and Drug Administration (FDA) that is ordered or prescribed
15 by a physician to collect patient data at the originating site which is transmitted to the physician
16 at the distant site for clinical decision making and care management.

17 ***Drafting note:*** *Store and forward technology is most commonly used in radiology,*
18 *pathology, dermatology, and ophthalmology. However, store and forward is also used by*
19 *telehealth companies (often with augmented intelligence) to collect patient history and clinical*

1 *intake via text, mobile apps, and/or online questionnaires with no video or audio component –*
2 *this should not meet the definition of telehealth, or at least should not be used without an existing*
3 *patient-physician relationship, and/or to prescribe.*

4 (D) “Distant site” means a site at which a physician is located while providing health care
5 services by means of telehealth.

6 (E) “Originating site” means a site at which a patient is located at the time health care
7 services are provided to him or her by means of telehealth.

8 **Section 3. Evaluation and Treatment of the Patient.**

9 (A) Services provided via telehealth must meet the applicable standard of care both in
10 terms of whether the service can be provided via telehealth and the telehealth modality used to
11 provide the service. The standards and scope of services provided via telemedicine or telehealth
12 should be consistent with related in-person services.

13 (B) Subject to paragraph (C), telehealth shall not be utilized by a physician with respect
14 to any patient in the absence of a physician-patient relationship.

15 (C) If a physician providing treatment via telehealth does not have an established
16 physician-patient relationship with a person seeking such treatment, the physician shall take
17 appropriate steps to establish a physician-patient relationship by use of two-way audio-visual
18 interaction, audio-only, or store-and-forward technology; provided however, that the applicable
19 [State] standard of care must be satisfied. Nothing in this section shall prohibit electronic
20 communications:

21 (1) Between a physician and a patient with a preexisting physician-patient
22 relationship.

23 (2) Between a physician and another physician concerning a patient with whom
24 the other physician has a physician-patient relationship.

1 (3) Between a provider and a patient when treatment is provided pursuant to an
2 on-call or cross-coverage situation. An “on-call” physician is a [State] licensed physician
3 who is available to physically attend, if necessary, to urgent and follow up care needs of a
4 patient for whom he has temporarily assumed responsibility with the acknowledgment of
5 the patient’s primary provider of care. A “covering” physician means a physician who
6 conducts a medical evaluation other than an in-person medical evaluation at the request
7 of a physician who has conducted at least one (1) in-person medical evaluation of the
8 patient within the previous twelve (12) months and who is temporarily unavailable to
9 conduct the evaluation of the patient.

10 (4) In emergency situations in which there is an occurrence that poses an
11 imminent threat of a life-threatening condition or severe bodily harm.

12 (D) Physicians who utilize telehealth shall, if such action would otherwise be required in
13 the provision of the same service delivered in-person:

14 (1) verify the location and, to the extent possible, identify the requesting patient;

15 (2) disclose and validate the physician’s identity and applicable credential(s);

16 (3) obtain appropriate consents from requesting patients after disclosures
17 regarding the delivery models and treatment methods or limitations, including informed
18 consents regarding the specific telehealth modality to be used;

19 (4) establish a diagnosis through the use of acceptable medical practices,
20 including patient history, mental status examination, physical examination (unless not
21 warranted by the patient’s mental condition), and appropriate diagnostic and laboratory
22 testing to establish diagnoses, as well as identify underlying conditions or contra-
23 indications, or both, to treatment recommended or provided;

1 (5) discuss with the patient the diagnosis and the evidence for it, the risks and
2 benefits of various treatment options;

3 (6) ensure the availability of appropriate follow-up care; and

4 (7) provide a visit summary to the patient.

5 (E) Physicians who utilize telehealth must make all reasonable efforts to coordinate care
6 with the patient’s medical home and/or treating physician, such as by identifying the patient’s
7 medical home and/or treating physician and, with the patient’s consent, providing the medical
8 home and/or treating physician with a copy of the patient’s medical record.

9 (F) Treatment and consultation recommendations made in an online setting, including
10 issuing a prescription via electronic means, will be held to the same standards of care as those in
11 in-person settings.

12 *Drafting Note re: Online Prescribing—To provide further guidance on provisions*
13 *addressing prescribing in response to online or telephone questionnaires, states may wish to*
14 *include the following language:*

15 (G) Without a prior and proper physician-patient relationship, physicians are prohibited
16 from issuing prescriptions solely in response to a questionnaire, email message, patient-
17 generated medical history, or any combination thereof.

18 *Drafting Note re: Exceptions—States may wish to address the application of this section*
19 *to specialty practice such as radiology, neurology, pathology, dermatology and others, as*
20 *appropriate, where the application of technology in medical practice is well established, defined*
21 *and constitutes the standard of care.*

22 **Section 4. Informed Consent.**

23 (A) The physician must follow applicable state and federal statutes and regulations for
24 informed consent.

1 **Section 5. Privacy Practices.**

2 (A) The physician must follow applicable state and federal statutes and regulations for
3 privacy and security of individually identifiable health information.

4 **Section 6. Medical Records.**

5 (A) The physician treating a patient through telehealth must maintain a complete record
6 of the patient's care.

7 (B) The physician must disclose the record to the patient consistent with state and federal
8 laws.

9 (C) The physician must follow applicable state and federal statutes and regulations for
10 medical recordkeeping and confidentiality.

11 **Section 7. Fraud and Abuse**

12 (A) The physician must follow applicable state and federal statutes and regulations for
13 fraud and abuse.

14 **Section 8. Effective.** This Act shall become effective immediately upon being enacted into law.

15 **Section 9. Severability.** If any provision of this Act is held by a court to be invalid, such
16 invalidity shall not affect the remaining provisions of this Act, and to this end the provisions of
17 this Act are hereby declared severable.



IN THE GENERAL ASSEMBLY STATE OF _____

Telehealth Coverage and Payment Act

1 **Section 1. Title.** This act shall be known as and may be cited as the Telehealth Coverage
2 and Payment Act.

3 **Section 2. Definitions.**

4 (A) “Telemedicine” or “telehealth” means health care services provided to a patient in
5 one location from a physician in another location or between two physicians using electronic
6 communication for the purpose of diagnosis, consultation, or treatment. Acceptable modalities
7 include real-time two-way audio-visual, audio-only, store and forward, and remote physiological
8 monitoring, provided the applicable standard of care is satisfied. For audio-only to qualify as an
9 acceptable modality, the physician must have the capacity to provide services via real-time two-
10 way audio visual. Telemedicine or telehealth does not include fax, email, or questionnaires.

11 (B) “Store and forward” transfer means the transmission of a patient’s medical
12 information, such as digital images, documents, and pre-recorded video, from an originating site
13 to the physician at the distant site for clinical evaluation.

14 (C) “Remote physiological monitoring” means the use of a medical tool or wearable
15 device as defined by the U.S. Food and Drug Administration (FDA) that is ordered or prescribed
16 by a physician to collect patient data at the originating site which is transmitted to the physician
17 at the distant site for clinical decision making and care management.

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6 *patient-physician relationship, and/or to prescribe.*

7 (D “Distant site” means a site at which a physician is located while providing health care
8 services by means of telehealth.

9 (E) “Originating site” means a site at which a patient is located at the time health care
10 services are provided to him or her by means of telehealth.

11 **Section 3. Coverage and payment of telehealth.**

12 (A) Each carrier offering a health plan in this state shall provide coverage for health care
13 services provided through telehealth on the same basis and to the same extent that the carrier is
14 responsible for coverage for the provision of the same service through in-person treatment or
15 consultation. Coverage must not be limited only to services provided by select corporate
16 telehealth providers.

17 (B) A carrier offering a health plan in this state shall not exclude a service for coverage
18 solely because the service is provided through telehealth and is not provided through in-person
19 consultation or contact between a physician and a patient for services appropriately provided
20 through telehealth.

21 (C) A carrier offering a health plan in this state shall pay for services provided via
22 telehealth in the same manner as other covered services and at a fair and equitable rate. Unless
23 otherwise determined through contract negotiations, a service shall be paid based on the existing
24 contracted rate regardless of whether the service is provided in-person or via telehealth.

1 (D) A carrier offering a health plan in this state may offer a health plan containing a
2 copayment, or coinsurance requirement for a health care service provided through telehealth,
3 provided that the copayment, or coinsurance does not exceed the copayment, or coinsurance
4 applicable if the same services were provided through in-person diagnosis, consultation, or
5 treatment. The amount of the copayment or coinsurance for health care services provided
6 through telehealth must apply equally across all in-network physicians and other telehealth
7 providers.

8 (E) No carrier offering a health plan in this state shall deny an enrollee the choice to
9 receive a health service in-person or via telehealth when both modalities meet the standard of
10 care, or impose any annual or lifetime dollar maximum on coverage for telehealth services other
11 than an annual or lifetime dollar maximum that applies in the aggregate to all items and services
12 covered under the policy, or impose upon any person receiving benefits pursuant to this section
13 any copayment, coinsurance, or deductible amounts, or any policy year, calendar year, lifetime,
14 or other durational benefit limitation or maximum for benefits or services, that is not equally
15 imposed upon all terms and services covered under the policy, contract, or plan.

16 (F) A carrier offering a health plan in this state shall not meet federal or state network
17 adequacy requirements through significant reliance on telehealth providers and shall not be
18 considered to have an adequate network if patients are not able to access appropriate in-person
19 services in a timely manner.

20 (G) A carrier offering a health plan in this state shall:

21 (1) Work with in-network physician and other health care professionals to ensure
22 meaningful access to telehealth services by assessing digital literacy and an enrollee's
23 capacity to use telehealth technologies that comply with accessibility standards, including

1 alternate formats, and providing the optimal quality of care for the enrollee given the
2 enrollee's capacity;

3 (2) Ensure access to auxiliary aids and services to ensure that services provided
4 via telehealth accommodate the needs of enrollees who have difficulty communicating
5 due to a medical condition, who need an accommodation due to disability or advanced
6 age or who have limited English proficiency;

7 (3) Ensure access to telehealth for enrollees who have limited English proficiency
8 or who are deaf or hard-of-hearing by providing interpreter services reimbursed at the
9 same rate as interpreter services provided in person; and

10 (4) Ensure that services provided via telehealth are culturally and linguistically
11 appropriate.

12 (H) The requirements of this section shall apply to all insurance policies, contracts, and
13 plans delivered, issued for delivery, reissued, or extended in [State] on and after January 1, 20█,
14 or at any time thereafter when any term of the policy, contract, or plan is changed or any
15 premium adjustment is made.

16 (I) This section shall not apply to short-term travel, accident-only, limited or specified
17 disease, or individual conversion policies or contracts, nor to policies or contracts designed for
18 issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as
19 Medicare, or any other similar coverage under state or federal governmental plans.

20 **Section 4. Effective.** This Act shall become effective immediately upon being enacted into
21 law.

1 **Section 5. Severability.** If any provision of this Act is held by a court to be invalid, such
2 invalidity shall not affect the remaining provisions of this Act, and to this end the provisions of
3 this Act are hereby declared severable.

Adopted November 2014; revised November 2016; revised November 2021