Under current law, Alabama physicians using telemedicine are already required to direct patients to an in-person visit when required by the standard of care. The proposed new language §34-24-703(f) [page 8, lines 17-21] adds further requirements and provides that “Unless otherwise provided by rule of the Board of Medical Examiners, a physician who provides telehealth medical services to a patient four or more times per year shall have at least one in-person visit with the patient every 12 months.”

- **This limit** on patients and physicians to three telehealth visit per year is arbitrary and has no clinical support.
- **No other state** has such a statutory requirement or limitation on access to telehealth.
- **This is a slippery slope.** Allowing the Board of Medical Examiners to institute a “three visit” rule could result in those interim telehealth visits being reduce to two, one or even none.

**CASE EXAMPLE: WHAT THIS REQUIREMENT WOULD MEAN IN PRACTICE**

Patients seeing Alabama-licensed physicians located far away or outside the state – a cancer specialist **OR** a psychiatrist – would need to stop at 3 visits, find a new provider, or travel to see the physician in person, even if an in-person visit is not clinically required to meet the standard of care.

Currently, Alabama permits physicians to prescribe controlled substances via telemedicine if they are compliant with the many federal/state regulations and consistent with the standard of care. Proposed 34-24-704(b) (page 9, lines 3-8) would roll this back by providing: “A prescription for a controlled substance may only be issued as a result of a telehealth medical service if the physician or another physician in the same practice or group, within the preceding 12 months, has had at least one in-person encounter with the patient.”

- **The proposed language exceeds stringent federal law** and would preclude patients physically located in a clinic/healthcare facilities from seeing off-site specialists who can prescribe controlled substances.
- **Patient safety could be achieved through the other guardrails** in the bill and the many existing federal and state restrictions. If Alabama wants to restrict specific controlled substances via telehealth (or require an in-person exam), those controlled substances should be listed.

**CASE EXAMPLE: WHAT THIS REQUIREMENT WOULD MEAN IN PRACTICE**

Alabama licensed-physicians have safely treated patients with opioid use disorder via telemedicine throughout the pandemic and increased access to clinically appropriate medication. The new in-person mandate means some patients could lose access to treatment and disrupt continuity of care.

**PROTECT ALABAMA PATIENTS’ ACCESS TO TELEHEALTH SERVICES!**

**VOTE NO ON HB 423 / SB 272**