WHAT ARE THE ULC’S NEW MODEL TELEMEDICINE GUIDELINES?

Advances in telehealth technology over the last decade have moved practitioner-patient relationships online – particularly during the COVID-19 pandemic. In turn, government actors are responding to these changes in health care delivery by proposing new laws to ensure both the safety and accessibility of telehealth services.

The Uniform Law Commission (ULC), established in 1892, provides states with non-partisan draft legislation to bring clarity and stability to critical areas of state statutory law. The ULC has responded to the growing number of state telehealth laws with a legislative framework that will facilitate the delivery of telehealth services safely, consistent with the standard of care, and in a cost-effective manner.

Here are some of the definitions forwarded and model policies suggested by the ULC regarding the central tenets of telehealth:

<table>
<thead>
<tr>
<th>Telemedicine Definition</th>
<th>Establishing a physician-patient relationship</th>
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<tbody>
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<td>“Telehealth means 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.”</td>
<td>“A practitioner-patient relationship may be established through telehealth.”</td>
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Prescribing medications via telemedicine

“A board or other state agency may adopt a rule that prohibits a practitioner from prescribing, or limits the practitioner’s authority to prescribe, a [controlled substance] through telehealth.”

“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 [controlled substance], including a reporting requirement.”

Cross-state licensure

Where an out-of-state practitioner does not have a license in the patient’s state, or has not previously registered to practice with the appropriate state board in the patient’s state, the practitioner may otherwise provide telehealth services in consultation with a practitioner who has established a practitioner-patient relationship with the patient; in the form of a specialty assessment, diagnosis, or recommendation for treatment; or pursuant to a previously established practitioner-patient relationship” no more than one year after establishment of relationship.

Informed Consent

“A practitioner shall provide telehealth services to a patient located in this state in a manner consistent with the professional practice standards applicable to a practitioner who provides comparable in-person health care in this state. Professional practice standards and law applicable to the provision of health care, including standards and law relating to identity verification, documentation, informed consent, confidentiality, privacy, and security, apply to the provision of telehealth services.”

The ULC’s latest guidance document includes technology-neutral policy prescriptions that are in general agreement with ATA policy principles. The American Telemedicine Association will continue to encourage the ULC, state medical boards, and lawmakers to adopt policies which ensure patients across the country have easy and efficient access to high-quality, affordable health care.