



January 16, 2026

Texas Board of Nursing  
James W. Johnson, General Counsel  
1801 Congress Ave. Suite 10-200  
Austin, TX 78701

**RE: ATA ACTION OPPOSITION TO PROPOSED AMENDMENTS TO 22 TAC §217.24**

Dear Mr. Johnson and Members of the Texas Board of Nursing:

On behalf of ATA Action, I am writing to express our concerns and opposition to specific provisions within the Texas Board of Nursing's proposed amendments to 22 Texas Administrative Code §217.24, relating to Telehealth Service and Telemedicine Medical Service in Nursing. While ATA Action supports the Board's efforts to implement House Bill 1700, we believe certain elements of the proposed rule exceed the scope of the statute and risk creating arbitrary barriers to telehealth access for Texas patients.

ATA Action is the American Telemedicine Association's affiliated trade association focused on advocacy. Our organization advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports state and federal telehealth coverage and fair payment policies to secure telehealth access for all Americans, including those in rural and underserved communities. We believe telehealth and virtual care can meaningfully improve patient outcomes, enhance safety and effectiveness of care, address health disparities, and reduce overall health system costs when supported by practical and durable policy frameworks.

First, ATA Action is concerned that the proposed requirement in §217.24(c) for a "signed, written informed consent" introduces a new substantive obligation that is not required by House Bill 1700 or Texas Occupations Code §111.004. While the statute requires that informed consent be documented, it does not mandate a signature requirement, nor does it direct licensing boards to impose heightened documentation standards on telehealth relative to in-person care.

As drafted, the signature requirement creates ambiguity regarding compliance and could be impractical in digital and audio-only care settings. It is unclear whether electronic signatures are permitted how this requirement would apply in audio-only encounters, or why other affirmative acknowledgments of consent would not be sufficient. These ambiguities create unnecessary administrative burdens for providers and may delay or impede patient access to timely care. Telehealth policy should remain modality-neutral, ensuring that telehealth services are held to the same standards as in-person care—not higher ones.

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Second, ATA Action is also concerned about the proposed requirement in §217.24(c)(2) that advanced practice registered nurses disclose detailed delegating physician information, including the physician's name, license number, primary practice address, and phone number, as part of the informed consent process. This disclosure requirement is not contemplated by HB 1700, which focuses on standardizing informed consent documentation for telehealth services, not expanding supervision or delegation disclosures.

Physician delegation and supervision of APRNs are already comprehensively governed under Texas Occupations Code Chapter 157. Introducing additional disclosure obligations through telehealth rulemaking represents a policy choice beyond legislative direction. This requirement may create confusion for patients regarding responsibility for care, impose significant administrative burdens in telehealth settings where delegating physician assignments may change over time and raise privacy concerns related to the disclosure of physician addresses and direct contact information. Moreover, these requirements are not present in comparable in-person care contexts and the Board has not indicated a rationale for uniquely applying them to telehealth practice.

ATA Action also notes that other Texas licensing boards implementing HB 1700 have not adopted a signature requirement or comparable delegating physician disclosure provisions in their conforming rules. Aligning the Board of Nursing's approach with these boards would promote regulatory consistency and better reflect legislative intent.

ATA Action respectfully urges the Texas Board of Nursing to revise the proposed amendments to §217.24 to remove the signature requirement and reconsider the delegating physician disclosure language. Doing so would preserve patient protections while avoiding unnecessary barriers to telehealth access for Texans.

Thank you for your consideration of these comments and for your continued engagement on telehealth policy. Please do not hesitate to contact me if ATA Action can be of assistance or provide additional perspective as the Board finalizes these rules. If you have any questions or would like to discuss the telehealth industry's perspective further, I can be reached at [hyoung@ataaction.org](mailto:hyoung@ataaction.org).

Respectfully,

Hunter Young  
Head of State Government Relations  
ATA Action