

1 **Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of** 2 **Medicine**

3 *Report of the State Medical Boards' Appropriate Regulation of Telemedicine (SMART)*
4 *Workgroup*

5 **Introduction**

6 The Federation of State Medical Boards (FSMB) Chair, Jon V. Thomas, MD, MBA, appointed
7 the State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup to
8 review the "Model Guidelines for the Appropriate Use of the Internet in Medical Practice" (HOD
9 2002)¹ and other existing FSMB policies on telemedicine and to offer recommendations to state
10 medical and osteopathic boards (hereinafter referred to as "medical boards" and/or "boards")
11 based on a thorough review of recent advances in technology and the appropriate balance
12 between enabling access to care while ensuring patient safety. The Workgroup was charged with
13 guiding the development of model guidelines for use by state medical boards in evaluating the
14 appropriateness of care as related to the use of telemedicine, or the practice of medicine using
15 electronic communication, information technology or other means, between a physician in one
16 location and a patient in another location with or without an intervening health care provider.

17 This new policy document provides guidance to state medical boards for regulating the use of
18 telemedicine technologies in the practice of medicine and educates licensees as to the appropriate
19 standards of care in the delivery of medical services directly to patients² via telemedicine
20 technologies. It is the intent of the SMART Workgroup to offer a model policy for use by state
21 medical boards in order to remove regulatory barriers to widespread appropriate adoption of
22 telemedicine technologies for delivering care while ensuring the public health and safety.

23 In developing the guidelines that follow, the Workgroup conducted a comprehensive review of
24 telemedicine technologies currently in use and proposed/recommended standards of care, as well
25 as identified and considered existing standards of care applicable to telemedicine developed and
26 implemented by several state medical boards.

27 **Model Guidelines for State Medical Boards' Appropriate Regulation of Telemedicine**

28 **Section One. Preamble**

29 The advancements and continued development of medical and communications technology have
30 had a profound impact on the practice of medicine and offer opportunities for improving the
31 delivery and accessibility of health care, particularly in the area of telemedicine, which is the
32 practice of medicine using electronic communication, information technology or other means of

¹ The policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine supersedes the Model Guidelines for the Appropriate Use of the Internet in Medical Practice (HOD 2002).

² The policy does not apply to the use of telemedicine when solely providing consulting services to another physician who maintains the physician-patient relationship with the patient, the subject of the consultation.

1 interaction between a licensee in one location and a patient in another location with or without an
2 intervening healthcare provider.³ However, state medical boards, in fulfilling their duty to
3 protect the public, face complex regulatory challenges and patient safety concerns in adapting
4 regulations and standards historically intended for the in-person provision of medical care to new
5 delivery models involving telemedicine technologies, including but not limited to: 1)
6 determining when a physician-patient relationship is established; 2) assuring privacy of patient
7 data; 3) guaranteeing proper evaluation and treatment of the patient; and 4) limiting the
8 prescribing and dispensing of certain medications.

9 The [Name of Board] recognizes that using telemedicine technologies in the delivery of medical
10 services offers potential benefits in the provision of medical care. The appropriate application of
11 these technologies can enhance medical care by facilitating communication with physicians and
12 their patients or other health care providers, including prescribing medication, obtaining
13 laboratory results, scheduling appointments, monitoring chronic conditions, providing health
14 care information, and clarifying medical advice.⁴

15 These guidelines should not be construed to alter the scope of practice of any health care
16 provider or authorize the delivery of health care services in a setting, or in a manner, not
17 otherwise authorized by law. In fact, these guidelines support a consistent standard of care and
18 scope of practice notwithstanding the delivery tool or business method in enabling Physician-to-
19 Patient communications. For clarity, a physician using telemedicine technologies in the
20 provision of medical services to a patient (whether existing or new) must take appropriate steps
21 to establish the physician-patient relationship and conduct all appropriate evaluations and history
22 of the patient consistent with traditional standards of care for the particular patient presentation.
23 As such, some situations and patient presentations are appropriate for the utilization of
24 telemedicine technologies as a component of, or in lieu of, in-person provision of medical care,
25 while others are not.⁵

26 The Board has developed these guidelines to educate licensees as to the appropriate use of
27 telemedicine technologies in the practice of medicine. The [Name of Board] is committed to
28 assuring patient access to the convenience and benefits afforded by telemedicine technologies,
29 while promoting the responsible practice of medicine by physicians.

30 It is the expectation of the Board that physicians who provide medical care, electronically or
31 otherwise, maintain the highest degree of professionalism and should:

- 32 • Place the welfare of patients first;
- 33 • Maintain acceptable and appropriate standards of practice;
- 34 • Adhere to recognized ethical codes governing the medical profession;

³ See Center for Telehealth and eHealth Law (Ctel), <http://ctel.org/> (last visited Dec. 17, 2013).

⁴ *Id.*

⁵ See Cal. Bus. & Prof. Code § 2290.5(d).

- 1 • Properly supervise non-physician clinicians; and
- 2 • Protect patient confidentiality.

3 **Section Two. Establishing the Physician-Patient Relationship**

4 The health and well-being of patients depends upon a collaborative effort between the physician
5 and patient.⁶ The relationship between the physician and patient is complex and is based on the
6 mutual understanding of the shared responsibility for the patient’s health care. Although the
7 Board recognizes that it may be difficult in some circumstances to precisely define the beginning
8 of the physician-patient relationship, particularly when the physician and patient are in separate
9 locations, it tends to begin when an individual with a health-related matter seeks assistance from
10 a physician who may provide assistance. However, the relationship is clearly established when
11 the physician agrees to undertake diagnosis and treatment of the patient, and the patient agrees to
12 be treated, whether or not there has been an encounter in person between the physician (or other
13 appropriately supervised health care practitioner) and patient.

14 The physician-patient relationship is fundamental to the provision of acceptable medical care. It
15 is the expectation of the Board that physicians recognize the obligations, responsibilities, and
16 patient rights associated with establishing and maintaining a physician-patient relationship. A
17 physician is discouraged from rendering medical advice and/or care using telemedicine
18 technologies without (1) fully verifying and authenticating the location and, to the extent
19 possible, identifying the requesting patient; (2) disclosing and validating the provider’s identity
20 and applicable credential(s); and (3) obtaining appropriate consents from requesting patients
21 after disclosures regarding the delivery models and treatment methods or limitations, including
22 any special informed consents regarding the use of telemedicine technologies. An appropriate
23 physician-patient relationship has not been established when the identity of the physician may be
24 unknown to the patient. Where appropriate, a patient must be able to select an identified
25 physician for telemedicine services and not be assigned to a physician at random.

26 **Section Three. Definitions**

27 For the purpose of these guidelines, the following definitions apply:

28 “Telemedicine” means the practice of medicine using electronic communications, information
29 technology or other means between a licensee in one location, and a patient in another location
30 with or without an intervening healthcare provider. Generally, telemedicine is not an audio-only,
31 telephone conversation, e-mail/instant messaging conversation, or fax. It typically involves the
32 application of secure videoconferencing or store and forward technology to provide or support

⁶American Medical Association, Council on Ethical and Judicial Affairs, *Fundamental Elements of the Patient-Physician Relationship* (1990), available at <http://www.ama-assn.org/resources/doc/code-medical-ethics/1001a.pdf>.

1 healthcare delivery by replicating the interaction of a traditional, encounter in person between a
2 provider and a patient.⁷

3 “Telemedicine Technologies” means technologies and devices enabling secure electronic
4 communications and information exchange between a licensee in one location and a patient in
5 another location with or without an intervening healthcare provider.

6 **Section Four. Guidelines for the Appropriate Use of Telemedicine Technologies in Medical** 7 **Practice**

8 The [Name of Board] has adopted the following guidelines for physicians utilizing telemedicine
9 technologies in the delivery of patient care, regardless of an existing physician-patient
10 relationship prior to an encounter:

11 Licensure:

12 A physician must be licensed, or under the jurisdiction, of the medical board of the state where
13 the patient is located. The practice of medicine occurs where the patient is located at the time
14 telemedicine technologies are used. Physicians who treat or prescribe through online services
15 sites are practicing medicine and must possess appropriate licensure in all jurisdictions where
16 patients receive care.⁸

17 Establishment of a Physician-Patient Relationship:

18 Where an existing physician-patient relationship is not present, a physician must take appropriate
19 steps to establish a physician-patient relationship consistent with the guidelines identified in
20 Section Two, and, while each circumstance is unique, such physician-patient relationships may
21 be established using telemedicine technologies provided the standard of care is met.

22 Evaluation and Treatment of the Patient:

23 A documented medical evaluation and collection of relevant clinical history commensurate with
24 the presentation of the patient to establish diagnoses and identify underlying conditions and/or
25 contra-indications to the treatment recommended/provided must be obtained prior to providing
26 treatment, including issuing prescriptions, electronically or otherwise. Treatment and
27 consultation recommendations made in an online setting, including issuing a prescription via
28 electronic means, will be held to the same standards of appropriate practice as those in traditional
29 (encounter in person) settings. Treatment, including issuing a prescription based solely on an
30 online questionnaire, does not constitute an acceptable standard of care.

31 Informed Consent:

⁷ See Ctel.

⁸ Federation of State Medical Boards, *A Model Act to Regulate the Practice of Medicine Across State Lines* (April 1996), available at http://www.fsmb.org/pdf/1996_grpol_telemedicine.pdf.

1 Evidence documenting appropriate patient informed consent for the use of telemedicine
2 technologies must be obtained and maintained. Appropriate informed consent should, as a
3 baseline, include the following terms:

- 4 • Identification of the patient, the physician and the physician's credentials;
- 5 • Types of transmissions permitted using telemedicine technologies (e.g. prescription
6 refills, appointment scheduling, patient education, etc.);
- 7 • The patient agrees that the physician determines whether or not the condition being
8 diagnosed and/or treated is appropriate for a telemedicine encounter;
- 9 • Details on security measures taken with the use of telemedicine technologies, such as
10 encrypting data, password protected screen savers and data files, or utilizing other
11 reliable authentication techniques, as well as potential risks to privacy notwithstanding
12 such measures;
- 13 • Hold harmless clause for information lost due to technical failures; and
- 14 • Requirement for express patient consent to forward patient-identifiable information to a
15 third party.

16 Continuity of Care:

17 Patients should be able to seek, with relative ease, follow-up care or information from the
18 physician [or physician's designee] who conducts an encounter using telemedicine technologies.
19 Physicians solely providing services using telemedicine technologies with no existing physician-
20 patient relationship prior to the encounter must make documentation of the encounter using
21 telemedicine technologies easily available to the patient, and subject to the patient's consent, any
22 identified care provider of the patient immediately after the encounter.

23 Referrals for Emergency Services:

24 An emergency plan is required and must be provided by the physician to the patient when the
25 care provided using telemedicine technologies indicates that a referral to an acute care facility or
26 ER for treatment is necessary for the safety of the patient. The emergency plan should include a
27 formal, written protocol appropriate to the services being rendered via telemedicine technologies.

28 Medical Records:

29 The medical record should include, if applicable, copies of all patient-related electronic
30 communications, including patient-physician communication, prescriptions, laboratory and test
31 results, evaluations and consultations, records of past care, and instructions obtained or produced
32 in connection with the utilization of telemedicine technologies. Informed consents obtained in
33 connection with an encounter involving telemedicine technologies should also be filed in the
34 medical record. The patient record established during the use of telemedicine technologies must
35 be accessible and documented for both the physician and the patient, consistent with all
36 established laws and regulations governing patient healthcare records.

1 Privacy and Security of Patient Records & Exchange of Information:

2 Physicians should meet or exceed applicable federal and state legal requirements of
3 medical/health information privacy, including compliance with the Health Insurance Portability
4 and Accountability Act (HIPAA) and state privacy, confidentiality, security, and medical
5 retention rules. Physicians are referred to “Standards for Privacy of Individually Identifiable
6 Health Information,” issued by the Department of Health and Human Services (HHS).⁹
7 Guidance documents are available on the HHS Office for Civil Rights Web site at:
8 www.hhs.gov/ocr/hipaa.

9 Written policies and procedures should be maintained at the same standard as traditional face-to-
10 face encounters for documentation, maintenance, and transmission of the records of the
11 encounter using telemedicine technologies. Such policies and procedures should address (1)
12 privacy, (2) health-care personnel (in addition to the physician addressee) who will process
13 messages, (3) hours of operation, (4) types of transactions that will be permitted electronically,
14 (5) required patient information to be included in the communication, such as patient name,
15 identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight
16 mechanisms. Policies and procedures should be periodically evaluated for currency and be
17 maintained in an accessible and readily available manner for review.

18 Sufficient privacy and security measures must be in place and documented to assure
19 confidentiality and integrity of patient-identifiable information. Transmissions, including patient
20 e-mail, prescriptions, and laboratory results must be secure within existing technology (i.e.
21 password protected, encrypted electronic prescriptions, or other reliable authentication
22 techniques). All patient-physician e-mail, as well as other patient-related electronic
23 communications, should be stored and filed in the patient’s medical record, consistent with
24 traditional record-keeping policies and procedures.

25 Disclosures and Functionality on Online Services Making Available Telemedicine Technologies:

26 Online services used by physicians providing medical services using telemedicine technologies
27 should clearly disclose:

- 28
- 29 • Specific services provided;
 - 30 • Contact information for physician;
 - 31 • Licensure and qualifications of physician(s) and associated physicians;
 - 32 • Fees for services and how payment is to be made;
 - 33 • Financial interests, other than fees charged, in any information, products, or services
34 provided by a physician;
 - 35 • Appropriate uses and limitations of the site, including emergency health situations;

⁹ 45 C.F.R. § 160, 164 (2000).

- 1 • Uses and response times for e-mails, electronic messages and other communications
2 transmitted via telemedicine technologies;
- 3 • To whom patient health information may be disclosed and for what purpose;
- 4 • Rights of patients with respect to patient health information; and
- 5 • Information collected and any passive tracking mechanisms utilized.

6 Online services used by physicians providing medical services using telemedicine technologies
7 should provide patients a clear mechanism to:

- 8 • Access, supplement and amend patient-provided personal health information;
- 9 • Provide feedback regarding the site and the quality of information and services; and
- 10 • Register complaints, including information regarding filing a complaint with the
11 applicable state medical and osteopathic board(s).

12 Online services must have accurate and transparent information about the website
13 owner/operator, location, and contact information, including a domain name that accurately
14 reflects the identity.

15 Advertising or promotion of goods or products from which the physician receives direct
16 remuneration, benefits, or incentives (other than the fees for the medical care services) is
17 prohibited. Notwithstanding, online services may provide links to general health information
18 sites to enhance patient education; however, the physician should not benefit financially from
19 providing such links or from the services or products marketed by such links. When providing
20 links to other sites, physicians should be aware of the implied endorsement of the information,
21 services or products offered from such sites. The maintenance of preferred relationships with
22 any pharmacy is prohibited. Physicians shall not transmit prescriptions to a specific pharmacy,
23 or recommend a pharmacy, in exchange for any type of consideration or benefit from that
24 pharmacy.

25 Prescribing:

26 Telemedicine technologies, where prescribing may be contemplated, must implement measures
27 to uphold patient safety in the absence of traditional physical examination. Such measures
28 should guarantee that the identity of the patient and provider is clearly established and that
29 detailed documentation for the clinical evaluation and resulting prescription is both enforced and
30 independently kept. Measures to assure informed, accurate, and error prevention prescribing
31 practices (e.g. integration with e-Prescription systems) are encouraged. To further assure patient
32 safety in the absence of physical examination, telemedicine technologies should limit medication
33 formularies to ones that are deemed safe by [Name of Board].

34 Prescribing medications, in-person or via telemedicine, is at the professional discretion of the
35 physician. The indication, appropriateness, and safety considerations for each telemedicine visit

1 prescription must be evaluated by the physician in accordance with current standards of practice
2 and consequently carry the same professional accountability as prescriptions delivered during an
3 encounter in person. However, where such measures are upheld, and the appropriate clinical
4 consideration is carried out and documented, physicians may exercise their judgment and
5 prescribe medications as part of telemedicine encounters.

6 **Section Five. Parity of Professional and Ethical Standards**

7 Physicians are encouraged to comply with nationally recognized health online service standards
8 and codes of ethics, such as those promulgated by the American Medical Association, American
9 Osteopathic Association, Health Ethics Initiative 2000, Health on the Net and the American
10 Accreditation HealthCare Commission (URAC).

11 There should be parity of ethical and professional standards applied to all aspects of a
12 physician's practice.

13 A physician's professional discretion as to the diagnoses, scope of care, or treatment should not
14 be limited or influenced by non-clinical considerations of telemedicine technologies, and
15 physician remuneration or treatment recommendations should not be materially based on the
16 delivery of patient-desired outcomes (i.e. a prescription or referral) or the utilization of
17 telemedicine technologies.

18 [END].

1 **References**

- 2 American Accreditation HealthCare Commission. *Health Web Site Standards*. July 2001.
- 3 AMA. Council on Ethical and Judicial Affairs. *Code of Medical Ethics*. 2000-2001.
- 4 AMA. *Report of the Council on Medical Service*. Medical Care Online. 4-A-01 (June 2001).
- 5 College of Physicians and Surgeons of Alberta. *Policy Statement. Physician/Patient*
6 *Relationships* (February 2000).
- 7 Colorado Board of Medical Examiners. *Policy Statement Concerning the Physician-Patient*
8 *Relationship*.
- 9 The Department of Health and Human Services, HIPPA Standards for Privacy of Individually
10 Identifiable Health Information. August 14, 2002.
- 11 FSMB. *A Model Act to Regulate the Practice of Medicine Across State Lines*. April 1996.
- 12 *Health Ethics Initiative 2000*. eHealth Code of Ethics. May 2000.
- 13 Health on the Net Foundation. *Code of Medical Conduct for Medical and Health Web Sites*.
14 January 2000.
- 15 La. Admin. Code tit. 46, pt. XLV, § 7501-7521.
- 16 New York Board for Professional Medical Conduct. Statements on Telemedicine (draft
17 document). October 2000.
- 18 North Carolina Medical Board. Position Statement. Documentation of the Physician-Patient
19 Relationship. May 1, 1996.
- 20 Oklahoma Board of Medical Licensure. Policy on Internet Prescribing. November 2, 2000.
- 21 South Carolina Board of Medical Examiners. Policy Statement. Internet Prescribing. July 17,
22 2000.
- 23 Texas State Board of Medical Examiners. Internet Prescribing Policy. December 11, 1999.
- 24 Washington Board of Osteopathic Medicine and Surgery. Policy Statement. Prescribing
25 Medication without Physician/Patient Relationship. June 2, 2000.

SMART Workgroup

Kenneth B. Simons, MD, Chairman
Chair, State of Wisconsin Dept of Safety & Professional Services

Michael R. Arambula, MD, PharmD
Member, Texas Medical Board

Michael J. Arnold, MBA
Member, North Carolina Medical Board

Ronald R. Burns, DO
Chair, Florida Board of Osteopathic Medicine

Anna Earl, MD
Immediate Past President, Montana Board of Medical Examiners

Gregory B. Snyder, MD
President, Minnesota Board of Medical Practice

Jean Rawlings Sumner, MD
Past Chair & Current Medical Director, Georgia Composite Medical Board

Ex-Officios

Jon V. Thomas, MD, MBA
Chair, FSMB

Donald H. Polk, DO
Chair-elect, FSMB

Humayun J. Chaudhry, DO, MACP
President & CEO, FSMB

Subject Matter Experts

Elizabeth P. Hall
WellPoint, Inc.

Alexis S. Gilroy, JD
Jones Day LLP

Sherilyn Z. Pruitt, MPH
Director, HRSA Office for the Advancement of Telehealth

Roy Schoenberg, MD, PhD, MPH
President & CEO, American Well Systems

Staff Support

Lisa A. Robin, MLA
Chief Advocacy Officer, FSMB

Shiri Ahronovich, JD
State Legislative & Policy Manager, FSMB

DRAFT