

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)<sup>1</sup> 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 patients<sup>2</sup> 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

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<sup>1</sup> 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).

<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup>

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.<sup>5</sup>

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;

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

<sup>4</sup> *Id.*

<sup>5</sup> 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.<sup>6</sup> 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

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<sup>6</sup>American 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.<sup>7</sup>

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

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:

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<sup>7</sup> See Ctel.

<sup>8</sup> 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](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).<sup>9</sup>  
7 Guidance documents are available on the HHS Office for Civil Rights Web site at:  
8 [www.hhs.gov/ocr/hipaa](http://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;

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<sup>9</sup> 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 form 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].



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