

Uniform Telehealth Act



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July 17, 2023

What is the ULC?

The Uniform Law Commission is:

- Commissioners are volunteer attorneys appointed by each state.
 - In Washington, there are seven commissioners appointed by the Governor
- Funded by state appropriations (~75%), royalties (~15%), and grants (~10%)
- The ULC drafts legislation on topics where uniformity among the states is desirable and practical
- Drafting meetings are open to any interested party – get involved!



Benefits of Uniform Acts

Historically, uniform acts:



Facilitate the flow of commercial transactions across state lines



Fill emergent legal needs



Resolve conflict of laws problems



Modernize antiquated legal concepts



Provide reciprocity of rights and remedies between the states and their residents



Codify enhanced common law concepts



Washington Commissioners

- Marlin Appelwick
- Karen Boxx
- Kathleen Buchli
- Dennis Cooper
- Sen. Jamie Pedersen
- Michele Radosevich
- Anita Ramasastry



History of the Uniform Telehealth Act

- Committee to Monitor Health Law recommended the topic of Telehealth in 2018
- Study Committee on Telehealth met throughout 2019-2020
 - Recommended the topic be pursued as a uniform law
- Drafting Committee on Telehealth met throughout 2020-2022
 - This committee included state commissioner and many stakeholders, including the American Medical Association, the Federation of State Medical Boards, various nursing organizations, the Federal Trade Commission, the US Department of Health and Human Services, the American Telehealth Association, and various telehealth companies
- Approval by ULC and publication of the Uniform Telehealth Act in 2022



The overall goal of the Uniform Telehealth Act is to improve *access to quality health care* through the greater use of telehealth.



Three ways to improve access:

1. Remove state law barriers to specific technologies and allow for the evolution of telehealth as technologies change. The Act does this by allowing practitioners to use telehealth without restrictions so long as they meet the standard of care.
2. Expand the number of practitioners allowed to treat patients via telehealth. The Act does this by creating a registry system to supplement full licensure through interstate compacts.
3. Expand the situations in which telehealth may be used without the practitioner needing to be registered or licensed. The Act does this by creating specific exceptions to licensure for continuing care and for second opinions.



The Act allows practitioners to use telehealth without restrictions *so long as they meet the standard of care.*



This is a broad authorization to use telehealth:

1. Applies to patients located in Washington. Does not apply to services rendered by Washington licensees to patients in other states.
2. Applies regardless of location of practitioner. Could both be in state.
3. Practitioner-patient relationship can be formed via telehealth.
4. No restrictions on technology but still must meet standard of care. Therefore, if lab tests are necessary, patient will need to go to lab and practitioner will need to evaluate test results, whether or not practitioner and patient are ever in the same room.
5. Practitioners are limited to their authorized scope of practice in Washington.
6. Practitioners are limited by federal law and the law of Washington.



The Act creates a registry system to supplement full licensure and interstate compacts:

1. Modeled after existing systems in Florida and Arizona
2. Requires a practitioner to be licensed and in good standing in another state.
3. Boards and Commissions have no ability to deny registration if there is no disciplinary history. There is no need for investigation as the system relies on the other state of licensure.
4. No continuing education requirements.
5. Registration is limited to telehealth. Registrants cannot treat patients in person.
6. Registrants are subject to discipline in the registry state.
7. Must pay registration fee to cover costs of discipline and additional staff capacity.



The Act creates specific exceptions to licensure for continuing care and second opinions:

1. Washington already has an exception for continuing care, but most states do not.
2. The exception for second opinions is common sense. If a practitioner goes on to actually treat rather than diagnose, then licensure or registration is necessary.



The importance of *uniformity*:

1. Expanded access and choice for patients in Washington. If Washington adopts the Act, patients in rural parts of the state and patients anywhere who have limited mobility will find it much easier to obtain quality health care. Patients in SW Washington can get telehealth appointments with Portland practitioners.
2. Expanded markets for Washington based practitioners. Idaho recently authorized mental health practitioners from other states to provide care to Idaho patients via telehealth. If Idaho adopts the Uniform Telehealth Act, many Washington practitioners would be able to provide care.
3. Easier for practitioners to become authorized with the same procedure in each state.
4. Does not authorize the provision of care that is otherwise prohibited by law. No bearing on abortion, conversion therapy, opioid prescribing.



Thank you!
Questions?

