

Telehealth and Licensure in Utah



**THE CURRENT STATUS FOR LICENSURE OF
TELEHEALTH**

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Telehealth and Licensure in Utah



- Telehealth Generally Permitted in State Law
- Patient Location
- Compacts with Other States
- Examples of Previous Utah Attempts to Address
 - Online prescribing, dispensing, and facilitation
 - E-prescribing
 - Remote therapy in mental health
- Telehealth Study

Telehealth Generally Permitted in State Law



- What is Each State's Default?
 - Prohibited
 - Permitted
- Utah: Permitted unless Expressly Prohibited or Regulated
- Example: 58-67-102
 - “Practice of medicine”
 - Defined practices
 - “by any means or instrumentality”
- Abide by standard of care required for any mode

Patient Location



- “.....by any means or instrumentality, and by an individual in Utah or outside the state upon or for any human within the state.” UCA 58-67-102
- Each practice act has different language
- Historical DOPL interpretation across the board: must be licensed if *either* the practitioner or patient are in Utah.
- Updated interpretation: where patient is located

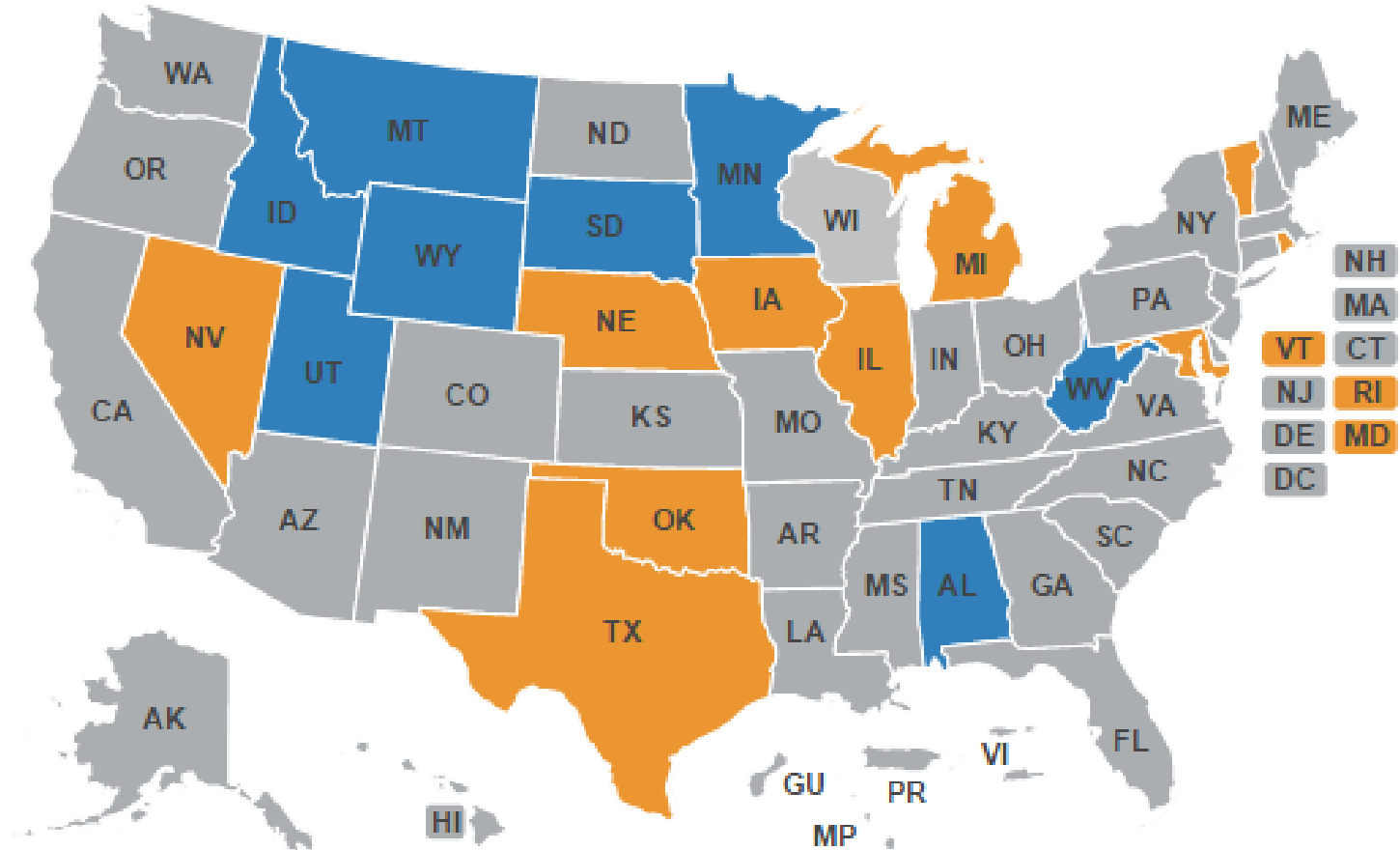
Compacts with Other States



- **Nurse Licensure Compact**
 - Driver license model
- **Interstate Medical Licensure Compact**
 - Expedited process model
 - Finalized Fall 2014
 - Adopted by 8 states in May 2015
 - 10 more states are pending
- **More to Come**
 - Maintains state authority
 - Recognizes the need to simplify regulation

Legislative Status

Interactive Map



Examples of Previous Utah Attempts to Address



- **Online Prescribing, Dispensing, and Facilitation**
 - Consent orders in 2002
 - Licensing law in 2010
- **E-prescribing**
 - 2009 state law to permit (Rep Menlove)
 - 2010 DEA rules governing security of controlled substances in e-prescribing
- **Remote Therapy in Mental Health**
 - Included in the “practice of mental health therapy”
 - Allows transitional practice across state lines without license

Telehealth Study



- **Many Questions**
- **Funded Study – 4 Purposes**
 - Trends, focusing on public safety and economic impacts
 - State laws across the 50 states
 - Federal law, regulations, and court cases
 - Policy positions of national stakeholder groups
- **Significant Findings:**
 - Telehealth one of key tools in access and cost of healthcare
 - Everyone has been adopting cautiously
 - Standards are needed
 - Key questions

Summary



- The telehealth and licensure landscape keeps changing
- Utah is in a good licensure position: appears to liberally allow telehealth compared to some states
- State government has tried to stay out of the way of telehealth or pass laws to enable it
- More interstate compacts will likely be considered as a primary mode to simplify licensing while retaining state authority
- Standards for telehealth practice will be developed to guide practitioners and comfort nervous insurers

Resources



- 2014 DOPL and Physician's Licensing Board Study:
<http://dopl.utah.gov/research.html>
- Interstate Medical Licensure Compact information:
<http://www.licenseportability.org/>
- Legislative Bills Discussed in Presentation
 - [Interstate Medical Licensure Compact, HB 121 \(2015\)](#)
 - [Remote Therapy for Mental Health, HB 56 \(2013\)](#)
 - [Online Pharmacy Amendments, SB 274 \(2010\)](#)
 - [Electronic Prescribing Act, HB 128 \(2009\)](#)

Questions?



THANK YOU

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