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October 31, 2018

*Via email and U.S. Mail*  
[donna@arkleg.state.ar.us](mailto:donna@arkleg.state.ar.us)

Ms. Donna K. Davis, Committee Staff  
Bureau of Legislative Research  
State Capitol Building, Room 315  
Little Rock, AR 72201

**RE: My Client: Arkansas State Medical Board  
Proposed Amendment to Regulation 38 – Telemedicine**

Dear Ms. Davis:

Enclosed please find the following:

1. Two copies of the completed Questionnaire and Financial Impact Statement.
2. Two copies of the Mark-Up Amendment.
3. Two copies of the Proposed Amendment (clean copy).
4. Two copies of a Summary.
5. Two copies of the Notice of Hearing that is being published, setting forth the public hearing for December 6, 2018.

Please let me know if you need anything further at this time.

Respectfully,



Kevin M. O'Dwyer  
Attorney for the Arkansas State Medical Board

KMO/mel  
Enclosures

cc w/encl.: Arkansas Secretary of State, [register@sos.arkansas.gov](mailto:register@sos.arkansas.gov)  
Amy Embry, Executive Director, [amy.embry@armedicalboard.org](mailto:amy.embry@armedicalboard.org)

2

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS  
WITH THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT/AGENCY Arkansas State Medical Board  
DIVISION \_\_\_\_\_  
DIVISION DIRECTOR Amy Embry, Executive Director  
CONTACT PERSON Kevin M. O'Dwyer, Attorney  
ADDRESS 211 S. Spring Street, Little Rock, Arkansas 72201  
PHONE NO. (501) 372-4144 FAX NO. (501) 372-7480 E-MAIL kodwyer@htolaw.com  
NAME OF PRESENTER AT COMMITTEE MEETING Kevin M. O'Dwyer  
PRESENTER E-MAIL kodwyer@htolaw.com

**INSTRUCTIONS**

- A. Please make copies of this form for future use.
- B. Please answer each question **completely** using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

**Donna K. Davis  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
One Capitol Mall, 5<sup>th</sup> Floor  
Little Rock, AR 72201**

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- 1. What is the short title of this rule? Amendment to Regulation 38 governing Telemedicine  
Amendment requiring minimum standards for establishing
- 2. What is the subject of the proposed rule? Patient/Provider relationships.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes  No   
If yes, please provide the federal rule, regulation, and/or statute citation. N/A

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?  
Yes  No

If yes, what is the effective date of the emergency rule? N/A

When does the emergency rule expire? N/A

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?  
Yes  No

5. Is this a new rule? Yes  No   
If yes, please provide a brief summary explaining the regulation. \_\_\_\_\_

Does this repeal an existing rule? Yes  No   
If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. \_\_\_\_\_

Is this an amendment to an existing rule? Yes  No   
If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."** Attached.

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. A.C.A. 17-95-303(2); A.C.A. 17-80-118

7. What is the purpose of this proposed rule? Why is it necessary? To replace the words "physician/physician assistant" with "Provider" and defining Provider as a person licensed by the ASMB.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). www.armedicalboard.org

9. Will a public hearing be held on this proposed rule? Yes  No   
If yes, please complete the following:

Date: December 6, 2018

Time: 8:40 a.m.

Place: Arkansas State Medical Board  
1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)  
December 6, 2018

11. What is the proposed effective date of this proposed rule? (Must provide a date.)  
January 18, 2019

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice. See attached; proof of publication will be provided upon receipt.

13. Please provide proof of filing the rule with the Secretary of State and the Arkansas State Library as required pursuant to Ark. Code Ann. § 25-15-204(e). Will provide after approval by the Governor.

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known. Arkansas Medical Society; Arkansas Osteopathic Association.

**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Arkansas State Medical Board

**DIVISION** \_\_\_\_\_

**PERSON COMPLETING THIS STATEMENT** Kevin M. O'Dwyer, Attorney

**TELEPHONE** (501) 372-4144 **FAX** (501) 372-7480 **EMAIL:** kodwyer@htolaw.com

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** Amendment to Regulation 38 governing Telemedicine

1. Does this proposed, amended, or repealed rule have a financial impact?    Yes     No
  
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?    Yes     No
  
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered?    Yes     No

If an agency is proposing a more costly rule, please state the following:

(a) How the additional benefits of the more costly rule justify its additional cost; N/A

(b) The reason for adoption of the more costly rule; N/A

(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and; N/A

(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain. N/A

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

(a) What is the cost to implement the federal rule or regulation?

**Current Fiscal Year**

**Next Fiscal Year**

General Revenue N/A  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
  
Total N/A

General Revenue N/A  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
  
Total N/A

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

General Revenue     N/A      
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
  
Total     N/A    

**Next Fiscal Year**

General Revenue     N/A      
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
  
Total     N/A    

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

\$     N/A    

**Next Fiscal Year**

\$     N/A    

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6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

\$     N/A    

**Next Fiscal Year**

\$     N/A    

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7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes  No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:

(a) justifies the agency's need for the proposed rule; and

(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

(c) The Chair of the Arkansas State Medical Board, the Vice Chair of the Arkansas State Medical Board, and the Secretary of the Arkansas State Medical Board shall have power to administer oaths for the purpose of performing their powers and duties.

(d) The board shall have a seal bearing the name "Arkansas State Medical Board".

**History.** Acts 1955, No. 65, § 2; 1979, No. 150, § 1; A.S.A. 1947, § 72-602.

**A.C.R.C. Notes.** The operation of the bond provision of subsection (a) of this section was suspended by adoption of a self-insured fidelity bond program for pub-

lic officers, officials and employees, effective July 20, 1987, pursuant to § 21-2-701 et seq. The section may again become effective upon cessation of coverage under that program. See § 21-2-703.

#### RESEARCH REFERENCES

**Ark. L. Rev. Watkins, Open Meetings**  
Under the Arkansas Freedom of Information Act, 38 Ark. L. Rev. 268 (1984).

#### CASE NOTES

**Cited:** *Miller v. Reed*, 234 Ark. 850, 355 S.W.2d 169 (1962); *Heard v. Payne*, 281 Ark. 485, 665 S.W.2d 865 (1984).

#### 17-95-303. Powers and duties.

The Arkansas State Medical Board shall:

(1) Make and adopt all rules, regulations, and bylaws not inconsistent with the laws of this state or of the United States and necessary or convenient to perform the duties and to transact the business required by law;

(2) Have authority to promulgate and put into effect such rules and regulations as are necessary to carry out the purposes of the Arkansas Medical Practices Act, § 17-95-201 et seq., § 17-95-301 et seq., and § 17-95-401 et seq., and the intentions expressed therein;

(3)(A)(i) Have authority to employ attorneys to represent the board in all legal matters for a compensation approved by the board.

(ii) Contracts for employment of attorneys shall be filed by the Executive Director of the Arkansas State Medical Board with the Legislative Council.

(B) The board shall further have authority to request the assistance of the Attorney General and the prosecuting attorneys of Arkansas in such manner as it deems necessary and proper;

(4) Have the authority to employ an executive director and a deputy director to carry out the purposes and the mandates of the board and to supervise the other employees of the board;

(5) Have the authority to employ a medical director, who shall hold a valid license to practice medicine in this state, to evaluate medical issues and to assist in investigations pending before the board;

(6) Have the power and authority to employ such secretarial and administrative assistance as may be necessary to carry out the provisions of the Arkansas Medical Practices Act, § 17-95-201 et seq., § 17-95-301 et seq., and § 17-95-401 et seq., and the duties of the board to protect the people of the State of Arkansas;

(7) Have the power and authority to employ one (1) or more inspectors as may be necessary to carry out the provisions of the Arkansas Medical Practices Act, § 17-95-201 et seq., § 17-95-301 et seq., and § 17-95-401 et seq., and the duties of the board to protect the people of the State of Arkansas;

(8) Examine, as is provided for by law, all applicants for a license to practice medicine in this state;

(9) Consider and give deference to data, studies, consensus documents, and conclusions issued by the Centers for Disease Control and Prevention or the National Institutes of Health whenever their data, studies, consensus documents, and conclusions are relevant to any decision made pursuant to the board's powers and duties under the Arkansas Medical Practices Act, § 17-95-201 et seq., § 17-95-301 et seq., and § 17-95-401 et seq.;

(10) Have the power and authority to collect practice data from licensees; and

(11) Promulgate rules limiting the amount of Schedule II narcotics that may be prescribed and dispensed by licensees of the board.

**History.** Acts 1955, No. 65, § 2; 1957, No. 198, § 18; 1977, No. 15, § 4; 1979, No. 150, § 1; 1983, No. 365, § 5; A.S.A. 1947, §§ 72-602, 72-618; Acts 1992 (1st Ex. Sess.), No. 38, § 2; 2001, No. 464, § 4; 2003, No. 1716, § 1; 2011, No. 1010, § 1; 2017, No. 69, § 2; 2017, No. 820, § 5.

**A.C.R.C. Notes.** Acts 2007, No. 655, § 1, provided: "The Arkansas State Board of Health's regulatory authority over radiologist assistants and radiology practitioner assistants pursuant to § 17-106-105(a)(1)(C) is transferred to the

Arkansas State Medical Board."

**Amendments.** The 2017 amendment by No. 69 substituted "legal matters for" for "legal matters at" in (3)(A)(i); substituted "Executive Director" for "Executive Secretary" in (3)(A)(ii); and substituted "executive director and a deputy director" for "executive secretary" in (4).

The 2017 amendment by No. 820 added (11).

**Cross References.** Lists of practitioners to be made and filed, § 17-80-101.

#### RESEARCH REFERENCES

**U. Ark. Little Rock L. Rev.** Survey of Legislation, 2003 Arkansas General Assembly, Professions, Occupations, Busi-

nesses, Deference to Data from National Sources, 26 U. Ark. Little Rock L. Rev. 456.

#### CASE NOTES

**Cited:** Miller v. Reed, 234 Ark. 850, 355 S.W.2d 169 (1962); Heard v. Payne, 281 Ark. 485, 665 S.W.2d 865 (1984).



A.C.A. § 17-80-118

Arkansas Code of 1987 Annotated Official Edition  
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\*\*\* Current through the 2016 Second Extraordinary Session, 2016 Fiscal Session, and 2016 Third Extraordinary Session of the 90th General Assembly. \*\*\*

Title 17 Professions, Occupations, and Businesses  
Subtitle 3. Medical Professions  
Chapter 80 General Provisions  
Subchapter 1 -- General Provisions

A.C.A. § 17-80-118 (2016)

**17-80-118. Telemedicine.**

(a) As used in this section:

(1) "Distant site" means the location of the healthcare professional delivering services through telemedicine at the time the services are provided;

(2) "Healthcare professional" means a person who is licensed, certified, or otherwise authorized by the laws of this state to administer health care in the ordinary course of the practice of his or her profession;

(3) "Originating site" means:

(A) The offices of a healthcare professional or a licensed healthcare entity where the patient is located at the time services are provided by a healthcare professional through telemedicine; and

(B) The home of a patient in connection with treatment for end-stage renal disease;

(4) "Professional relationship" means at minimum a relationship established between a healthcare professional and a patient when:

(A) The healthcare professional has previously conducted an in-person examination and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;

(B) The healthcare professional personally knows the patient and the patient's relevant health status through an ongoing personal or professional relationship and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;

(C) The treatment is provided by a healthcare professional in consultation with, or upon referral by, another healthcare professional who has an ongoing relationship with the patient and who has agreed to supervise the patient's treatment, including follow-up care;

(D) An on-call or cross-coverage arrangement exists with the patient's regular treating healthcare professional;

**(E)** A relationship exists in other circumstances as defined by rule of the Arkansas State Medical Board for healthcare professionals under its jurisdiction and their patients; or

**(F)** A relationship exists in other circumstances as defined by rule of a licensing or certification board for other healthcare professionals under the jurisdiction of the appropriate board and their patients if the rules are no less restrictive than the rules of the Arkansas State Medical Board;

**(5)** "Store and forward technology" means the transmission of a patient's medical information from an originating site to the provider at the distant site without the patient being present; and

**(6)** "Telemedicine" means the medium of delivering clinical healthcare services by means of real-time two-way electronic audio-visual communications, including without limitation the application of secure video conferencing, to provide or support healthcare delivery that facilitates the assessment, diagnosis, consultation, or treatment of a patient's health care while the patient is at an originating site and the healthcare professional is at a distant site.

**(b) (1)** The standards of appropriate practice in traditional healthcare professional-patient settings shall govern the licensed healthcare professional's treatment recommendations made via electronic means, including issuing a prescription via telemedicine.

**(2)** This section does not alter existing state law or rules governing a healthcare professional's scope of practice.

**(3)** This section does not authorize drug-induced, chemical, or surgical abortions performed through telemedicine.

**(4) (A)** Store and forward technology shall not be considered telemedicine.

**(B)** This subchapter does not restrict the use of store and forward technology.

**(c)** A healthcare professional shall follow applicable state and federal law, rules, and regulations for:

**(1)** Informed consent;

**(2)** Privacy of individually identifiable health information;

**(3)** Medical recordkeeping and confidentiality; and

**(4)** Fraud and abuse.

**(d) (1)** A healthcare professional who is treating patients in Arkansas through telemedicine shall be fully licensed or certified to practice in Arkansas and is subject to the rules of the appropriate state licensing or certification board.

**(2)** The requirement in subdivision (d)(1) of this section does not apply to the acts of a healthcare professional located in another jurisdiction who provides only episodic consultation services.

**(e) (1)** A healthcare professional at a distant site shall not utilize telemedicine with respect

to a patient located in Arkansas unless a professional relationship exists between the healthcare professional and the patient or the healthcare professional otherwise meets the requirements of professional relationship as defined in § 17-80-118(a)(4).

(2) The existence of a professional relationship is not required in the following circumstances:

(A) Emergency situations where the life or health of the patient is in danger or imminent danger; or

(B) Simply providing information of a generic nature, not meant to be specific to an individual patient.

(f) State licensing and certification boards for a healthcare professional shall amend their rules where necessary to comply with this section.

**HISTORY:** Acts 2015, No. 887, § 3.

## AMENDMENT TO REGULATION 38 – TELEMEDICINE

Requirement for all services provided by ~~physicians~~ **Providers** using telemedicine:

1. A ~~physician-patient or physician/physician assistant/patient~~ **Patient/Provider** relationship must be established in accordance with Regulation 2.8 before the delivery of services via telemedicine. **Provider is defined as a person licensed by the Arkansas State Medical Board.** A patient completing a medical history online and forwarding it to a ~~physician or physician assistant~~ **Provider** is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology.
2. The following requirements apply to all services provided by ~~physicians or physician assistants~~ **Providers** using telemedicine:
  - A. The practice of medicine via telemedicine shall be held to the same standards of care as traditional in-person encounters.
  - B. The ~~physician or physician assistant~~ **Provider** must obtain a detailed explanation of the patient's complaint from the patient or the patient's treating ~~physician or physician assistant~~ **Provider**.
  - C. If a decision is made to provide treatment, the ~~physician or physician assistant~~ **Provider** must agree to accept responsibility for the care of the patient.
  - D. If follow-up care is indicated, the ~~physician or physician assistant~~ **Provider** must agree to provide or arrange for such follow-up care.
  - E. A ~~physician or physician assistant~~ **Provider** using telemedicine may NOT issue a prescription for any controlled substances defined as any scheduled medication under schedules II through V unless the ~~physician or physician assistant~~ **Provider** has seen the patient for an in-person exam or unless a relationship exists through consultation or referral; on-call or cross-coverage situations; or through an ongoing personal or professional relationship.
  - F. The ~~physician or physician assistant~~ **Provider** must keep a documented medical record, including medical history.
  - G. At the patient's request, the ~~physician or physician assistant~~ **Provider** must make available to the patient an electronic or hardcopy version of the patient's medical record documenting the encounter. Additionally, unless the patient declines to consent, the ~~physician or physician assistant~~ **Provider** must forward a copy of the record of the encounter to the patient's regular treating ~~physician or physician assistant~~ **Provider** if that ~~physician or physician assistant~~ **Provider** is not the same one delivering the service via telemedicine.

- H. Services must be delivered in a transparent manner, including providing access to information identifying the ~~physician or physician assistant~~ **Provider** in advance of the encounter, with licensure and board certifications, as well as patient financial responsibilities.
- I. If the patient, at the recommendation of the ~~physician or physician assistant~~ **Provider**, needs to be seen in person for their current medical issue, the ~~physician or physician assistant~~ **Provider** must arrange to see the patient in person or direct the patient to their regular treating ~~physician or physician assistant~~ **Provider** or other appropriate provider if the patient does not have a treating ~~physician or physician assistant~~ **Provider**. Such recommendation shall be documented in the patient's medical record.
- J. ~~Physicians or physician assistants~~ **Providers** who deliver services through telemedicine must establish protocols for referrals for emergency services.
- K. All ~~physicians or physician assistants~~ **Providers** providing care via telemedicine to a patient located within the State of Arkansas shall be licensed to practice medicine in the State of Arkansas.
- L. A physician shall not issue a written medical marijuana certification to a patient based on an assessment performed through telemedicine.

HISTORY: Adopted October 6, 2016. Effective December 25, 2016; Amended August 3, 2017, Effective October 4, 2017.

**AMENDMENT TO REGULATION 38 – TELEMEDICINE**

**Requirement for all services provided by Providers using telemedicine:**

1. A Patient/Provider relationship must be established in accordance with Regulation 2.8 before the delivery of services via telemedicine. Provider is defined as a person licensed by the Arkansas State Medical Board. A patient completing a medical history online and forwarding it to a Provider is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology.
2. The following requirements apply to all services provided by Providers using telemedicine:
  - A. The practice of medicine via telemedicine shall be held to the same standards of care as traditional in-person encounters.
  - B. The Provider must obtain a detailed explanation of the patient's complaint from the patient or the patient's treating Provider.
  - C. If a decision is made to provide treatment, the Provider must agree to accept responsibility for the care of the patient.
  - D. If follow-up care is indicated, the Provider must agree to provide or arrange for such follow-up care.
  - E. A Provider using telemedicine may NOT issue a prescription for any controlled substances defined as any scheduled medication under schedules II through V unless the Provider has seen the patient for an in-person exam or unless a relationship exists through consultation or referral; on-call or cross-coverage situations; or through an ongoing personal or professional relationship.
  - F. The Provider must keep a documented medical record, including medical history.
  - G. At the patient's request, the Provider must make available to the patient an electronic or hardcopy version of the patient's medical record documenting the encounter. Additionally, unless the patient declines to consent, the Provider must forward a copy of the record of the encounter to the patient's regular treating Provider if that Provider is not the same one delivering the service via telemedicine.
  - H. Services must be delivered in a transparent manner, including providing access to information identifying the Provider in advance of the encounter, with licensure and board certifications, as well as patient financial responsibilities.

**PROPOSED**

- I. If the patient, at the recommendation of the Provider, needs to be seen in person for their current medical issue, the Provider must arrange to see the patient in person or direct the patient to their regular treating Provider or other appropriate provider if the patient does not have a treating Provider. Such recommendation shall be documented in the patient's medical record.
- J. Providers who deliver services through telemedicine must establish protocols for referrals for emergency services.
- K. All Providers providing care via telemedicine to a patient located within the State of Arkansas shall be licensed to practice medicine in the State of Arkansas.
- L. A physician shall not issue a written medical marijuana certification to a patient based on an assessment performed through telemedicine.

HISTORY: Adopted October 6, 2016. Effective December 25, 2016; Amended August 3, 2017, Effective October 4, 2017.

## Summary

Proposed Amendment to Regulation 38 governing Telemedicine – replacing the words “physician/physician assistant” with “Provider” and defining “Provider” as a person licensed by the Arkansas State Medical Board.



To be published three times on November 6, 13, and 20, 2018 in the Daily Record:

**Bill to:**

Amy Embry, Executive Director  
Arkansas State Medical Board  
1401 W. Capitol Ave, Suite 340  
Little Rock AR 72201  
Telephone (501) 296-1802

**Send proof of publication to:**

Kevin M. O'Dwyer  
Attorney for the Arkansas State Medical Board  
211 Spring Street  
Little Rock, AR 72201  
Telephone (501) 372-4144

**NOTICE OF PUBLIC HEARING**

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In compliance with ACA §25-15-204, the Arkansas State Medical Board gives notice that it will conduct a public hearing at 8:40 a.m. on the 6<sup>th</sup> day of December, 2018, at the offices of the Arkansas State Medical Board, 1401 W. Capitol Ave., Suite 340, Little Rock, Arkansas 72201. The public hearing will involve the adoption of an Amendment to Regulation 38 governing Telemedicine.

All individuals desiring to attend said hearing may do so. All individuals desiring to address the Board should contact Amy Embry, the Executive Director of the Arkansas State Medical Board, (501) 296-1802. Individuals desiring a copy of the proposed Amendment to Regulation 38, as referred to herein, may contact Amy Embry, the Executive Director, at the above number.