



**WEST VIRGINIA SECRETARY OF STATE**

**MAC WARNER**

**ADMINISTRATIVE LAW DIVISION**

**eFILED**

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Office of West Virginia  
Secretary Of State

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE AND FILING WITH THE LEGISLATIVE RULE-  
MAKING REVIEW COMMITTEE**

AGENCY: Medicine TITLE-SERIES: 11-15

RULE TYPE: Legislative Amendment to Existing Rule: No Repeal of existing rule: No

RULE NAME: 11-15 Telehealth and Interstate Telehealth Registration for Physicians, Podiatric Physicians and Physician Assistants

**PRIMARY CONTACT**

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CITE STATUTORY AUTHORITY: W. Va. Code § 30-1-26(b).

EXPLANATION OF THE STATUTORY AUTHORITY FOR THE LEGISLATIVE RULE, INCLUDING A DETAILED SUMMARY OF THE EFFECT OF EACH PROVISION OF THE LEGISLATIVE RULE WITH CITATION TO THE SPECIFIC STATUTORY PROVISION WHICH EMPOWERS THE AGENCY TO ENACT SUCH RULE PROVISION:

W. Va. Code § 30-1-26(b).

IS THIS FILING SOLELY FOR THE SUNSET PROVISION REQUIREMENTS IN W. VA. CODE §29A-3-19(e)? No

IF YES, DO YOU CERTIFY THAT THE ONLY CHANGES TO THE RULE ARE THE FILING DATE, EFFECTIVE DATE AND AN EXTENSION OF THE SUNSET DATE? No

DATE eFiled FOR NOTICE OF HEARING OR PUBLIC COMMENT PERIOD: 6/29/2021

DATE OF PUBLIC HEARING(S) OR PUBLIC COMMENT PERIOD ENDED: 7/29/2021

COMMENTS RECEIVED: Yes

(IF YES, PLEASE UPLOAD IN THE COMMENTS RECEIVED FIELD COMMENTS RECEIVED AND RESPONSES TO COMMENTS)

PUBLIC HEARING: No

(IF YES, PLEASE UPLOAD IN THE PUBLIC HEARING FIELD PERSONS WHO APPEARED AT THE HEARING(S) AND TRANSCRIPTS)

RELEVANT FEDERAL STATUTES OR REGULATIONS: No

WHAT OTHER NOTICE, INCLUDING ADVERTISING, DID YOU GIVE OF THE HEARING?

The Board publicized notice of the proposed rule change by: including a notice of the proposed amendments and comment period on the Board of Medicine website with a link to the proposed rule; sending email notification to licensees and registrants of the Board regarding notice of the proposed amendments and comment period with a link to the proposed rule; and notifying other interested professional associations and governmental entities including: West Virginia State Medical Association; West Virginia Podiatric Medical Association; West Virginia Primary Care Association and West Virginia Hospital Association.

SUMMARY OF THE CONTENT OF THE LEGISLATIVE RULE, AND A DETAILED DESCRIPTION OF THE RULE'S PURPOSE AND ALL PROPOSED CHANGES TO THE RULE:

This rule establishes the scope of practice for the provision of medical services via telehealth technologies and the process and eligibility criteria for allopathic physicians, podiatric physicians and physician assistants to obtain and renew an interstate telehealth registration with the Board.

Section two of the proposed rule defines key terms.

Section three identifies where the practice of medicine occurs and establishes telehealth practice requirements in this state pursuant to a license or registration issued by the Board. In response to a comment, subsection 3.7 was amended to replace the term "educational permit holder" with "West Virginia educational permit holder" to clarify the subsection.

Section four identifies the continuous statutory eligibility requirements for providing telehealth services to West Virginia patients pursuant to an interstate telehealth registration. Section four establishes eligibility criteria for an interstate telehealth registration issued by the board in conformity with W. Va. Code § 30-1-26(b)(2).

Section five establishes the interstate telehealth registration application process, the application and renewal fees, the registration term, renewal and expiration.

Section six identifies the modalities for establishing a provider-patient relationship, and that the telemedicine technologies utilized must conform to the standard of care.

Section seven sets forth the standard of care for the delivery of telehealth services to patients in West Virginia and medical recordkeeping requirements for telehealth providers.

Section eight identifies statutory prescribing limitations applicable to telehealth providers and required prescribing practices for the prescribing of controlled substances pursuant to a telehealth encounter.

Section nine establishes that interstate telehealth registrants are subject to West Virginia laws and judicial process, including the Medical Practice Act, the Physician Assistants Practice Act and the Boards rules. The section also incorporates the Boards complaint, disciplinary and contested case hearing process for registrants.

Section ten identifies professional conduct standards and disciplinary penalties that apply to registrants.

Section eleven authorizes registrations to be provided and expired via email, and identifies the public information the Board shall publish on its website regarding registrants.

STATEMENT OF CIRCUMSTANCES WHICH REQUIRE THE RULE:

During the 2021 regular legislative session House Bill 2024 was enacted. This bill establishes the availability of an interstate telehealth registration for eligible health care practitioners. Affected healthcare boards were required to conduct rulemaking to implement the registration process and to establish rules related to the delivery of telehealth services to patients in West Virginia.

SUMMARIZE IN A CLEAR AND CONCISE MANNER THE OVERALL ECONOMIC IMPACT OF THE PROPOSED LEGISLATIVE RULE:

A. ECONOMIC IMPACT ON REVENUES OF STATE GOVERNMENT:

It is unknowable how many practitioners will choose to become registrants.

B. ECONOMIC IMPACT ON SPECIAL REVENUE ACCOUNTS:

It is unknowable how many practitioners will choose to become registrants.

C. ECONOMIC IMPACT OF THE LEGISLATIVE RULE ON THE STATE OR ITS RESIDENTS:

It is estimated that the Board of Medicine will need to hire one (1) FTE to process the registrations.

D. FISCAL NOTE DETAIL:

Effect of Proposal	Fiscal Year		
	2021 Increase/Decrease (use "-")	2022 Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	N/A	N/A	\$50,000.00

<b>Personal Services</b>	N/A	N/A	\$40,000.00
<b>Current Expenses</b>	N/A	N/A	0
<b>Repairs and Alterations</b>	N/A	N/A	\$10,000
<b>Assets</b>	N/A	N/A	N/A
<b>Other</b>	N/A	N/A	N/A
<b>2. Estimated Total Revenues</b>			Unknown

**E. EXPLANATION OF ABOVE ESTIMATES (INCLUDING LONG-RANGE EFFECT):**

It is anticipated that many current licensees who perform telehealth services exclusively in the state will choose the interstate telehealth registration option which will result in a loss of revenue for the state. Additionally, it is anticipated that several current practitioners that are registered to practice in WV during the state of emergency may choose the interstate telehealth registration process when the state of emergency ends.

Therefore, although the actual numbers are difficult to estimate it is likely that the cost to the state will be unremarkable. The potential increase in revenue will likely offset the administrative costs to support the process.

**BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENT IS TRUE AND CORRECT.**

Yes

**Mark A Spangler -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.**

TITLE 11  
LEGISLATIVE RULE  
WEST VIRGINIA BOARD OF MEDICINE

SERIES 15  
TELEHEALTH AND INTERSTATE TELEHEALTH REGISTRATION FOR  
PHYSICIANS, PODIATRIC PHYSICIANS AND PHYSICIAN ASSISTANTS

**§11-15-1. General.**

1.1. Scope. -- This rule establishes the scope of practice for the provision of medical services via telehealth technologies and the process for allopathic physicians, podiatric physicians, and physician assistants to obtain an interstate telehealth registration with the Board.

1.2. Authority. -- W. Va. Code § 30-1-26(b).

1.3. Filing Date. -- .

1.4. Effective Date. -- .

1.5. Sunset Provision -- This rule shall terminate and have no further force or effect upon August 1, 2027.

**§11-15-2. Definitions.**

2.1. "Board" means the West Virginia Board of Medicine, established in W. Va. Code §30-3-5.

2.2. "CSMP" means the West Virginia Controlled Substances Monitoring Program repository and database.

2.3. "Distant site" means the telehealth site where the health care practitioner is seeing the patient at a distance or consulting with a patient's health care practitioner.

2.4. "Established patient" means a patient who has received professional services, face-to-face, from the physician, qualified health care professional, or another physician or qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

2.5. "Good standing" means a license that:

2.5.1. Is not currently revoked, suspended, or subject to a probationary period or a practice restriction or limitation;

2.5.2. Was not surrendered while under or to avoid an investigation or disciplinary action; or

2.5.3. Was not revoked, suspended, or subject to a probationary period or a practice restriction or limitation at the time the license expired, lapsed, terminated, or was cancelled.

2.6. "Health care practitioner" or "practitioner" means a physician, podiatric physician or physician assistant.

2.7. "Interstate telehealth registration" or "registration" means an authorization to practice as a physician, podiatric physician or physician assistant for the limited purpose of providing interstate telehealth services within the registrant's scope of practice.

2.8. "Interstate telehealth registrant" or "Registrant" means a physician, podiatric physician or physician assistant issued an interstate telehealth registration by the Board.

2.9. "Interstate telehealth services" means the provision of telehealth services to a patient located in West Virginia by a health care practitioner located in any other state or commonwealth of the United States.

2.10. "Licensee" means:

2.10.1. A physician who has been granted a license to practice medicine and surgery pursuant to W. Va. Code § 30-3-1 et seq.;

2.10.2. A podiatric physician who has been granted a license to practice podiatric medicine and surgery pursuant to W. Va. Code § 30-3-1 et seq.; or

2.10.3. A physician assistant who has been granted a license by the Board to practice medicine in collaboration with physicians pursuant to W. Va. Code § 30-3E-1 et seq.

2.11. "Originating site" means the location where the patient is located, whether or not accompanied by a health care practitioner, at the time services are provided by a health care practitioner through telehealth, including, but not limited to, a health care practitioner's office, hospital, critical access hospital, rural health clinic, federally qualified health center, a patient's home, and other nonmedical environments such as school-based health centers, university-based health centers, or the work location of a patient.

2.12. "Professional license" means a license to practice medicine, podiatric medicine or as a physician assistant in any state or commonwealth of the United States.

2.13. "Telehealth services" means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include internet questionnaires, email messages, or facsimile transmissions.

2.14. "Telehealth provider" means a licensee or registrant who provides health care services using telemedicine technologies to patients in West Virginia.

2.15. "Telemedicine technologies" means technologies and devices which enable secure communications and information exchange in the practice of telemedicine, and typically involve the application of secure real-time audio/video conferencing or similar secure video services, remote monitoring or store and forward digital image technology, or audio only telephone calls to provide or support health care delivery by replicating the interaction of a traditional in-person provider and a patient.

2.16. “Website” or “Board’s website” means the set of related web pages operated by or on behalf of the West Virginia Board of Medicine located at the domain name wvbom.wv.gov, or at any successor domain name published by the Board.

**§ 11-15-3. Telehealth Practice Requirements.**

3.1. The practice of medicine and podiatric medicine occurs where the patient is located at the time health services, including telehealth services, are provided.

3.2. A health care practitioner may not provide telehealth services to patients in West Virginia unless the practitioner is:

3.2.1. Licensed by the Board; or

3.2.2. Registered with the Board pursuant to this rule or pursuant to 11 CSR 14 during a declared state of emergency.

3.3. Licensees of the Board may, within the practitioner’s scope of practice, provide telehealth services to patients located at an originating site in West Virginia from any distant site, in accord with the provisions of W. Va. Code § 30-3-13a and this rule.

3.4. A health care practitioner who is not licensed in West Virginia may provide interstate telehealth services to patients located at an originating site in West Virginia, within the practitioner’s scope of practice, if the practitioner holds an interstate telehealth registration issued by the Board or pursuant to 11 CSR 14 during a declared state of emergency.

3.5. An interstate telehealth registration does not authorize a health care practitioner:

3.5.1. To practice from a physical location or distant site within this state; or

3.5.2. To provide telehealth services to patients in this state from an international location or distant site.

3.6. Physician assistant telehealth providers may provide telehealth services within the physician assistant scope of practice in collaboration with physicians, in conformity with the practice requirements of W. Va. Code § 30-3E-1 et seq. and 11 CSR 1B.

3.7. Nothing in this section shall prohibit ~~an~~ a West Virginia educational permit holder from providing telehealth services in conformity with the guidelines, requirements, and supervision of the physician’s graduate medical education training program.

3.8. The requirement to hold a license or interstate telehealth registration to provide telehealth services does not apply to:

3.8.1. A health care practitioner furnishing medical assistance in case of an emergency or disaster, if no charge is made for the medical assistance; or

3.8.2. An informal consultation or second opinion, at the request of a licensee. *Provided*, That the physician or podiatric physician requesting the opinion retains authority and responsibility for the patient’s care.

**§ 11-15-4 Interstate Telehealth Registration Eligibility; Invalidation and Reinstatement**

4.1 Health care practitioners who are not licensed in West Virginia may only provide telehealth services pursuant to this rule if the practitioner is eligible for an interstate telehealth registration.

4.2. A health care practitioner is eligible for an interstate telehealth registration issued by the Board if all of the following requirements are continuously met:

4.2.1 The practitioner holds a valid, active medical license issued by another state licensing authority or board;

4.2.2 The practitioner is licensed in good standing in all states in which the practitioner is licensed;

4.2.3. The practitioner is not the subject of an administrative complaint which is currently pending before another state licensing authority or board; and

4.2.4. The practitioner is not currently under investigation by another state licensing authority or board.

4.3. A health care practitioner may not apply for an initial registration or renew a registration unless the eligibility requirements set forth in subsection 4.2. are met.

4.4. The Board shall decline to issue or renew an interstate telehealth registration to any applicant who does not meet all eligibility requirements.

4.5. Registrants must continue to maintain eligibility at all times to continue to practice pursuant to an interstate telehealth registration.

4.6. An interstate telehealth registration issued by the Board shall invalidate upon a registrant's loss of eligibility.

4.7. A registrant whose interstate telehealth registration is invalid due to a loss of eligibility may apply for registration reinstatement upon regaining eligibility.

4.8. A health care practitioner who is ineligible to apply for, receive or maintain an interstate telehealth registration is not automatically disqualified from or ineligible for a professional license issued by the Board.

**§ 11-15-5. Interstate Telehealth Registration Application, Renewal and Expiration.**

5.1. An eligible health care practitioner who is not licensed in West Virginia may apply for an interstate telehealth registration with the Board.

5.2. The Board shall issue an interstate telehealth registration to a health care practitioner who:

5.2.1. Meets all eligibility requirements for an interstate telehealth registration set forth above in Section 4 of this rule; and

5.2.2. Submits a complete application for an interstate telehealth registration, including all required documentation and verifications, which is accompanied by the appropriate fee.

5.3. An application for an interstate telehealth registration shall be completed on a form provided by the Board, which is available on the Board's website. An interstate telehealth registration application must be accompanied by payment of a nonrefundable application fee as set forth herein:

5.3.1. The initial and renewal registration fee for physicians and podiatric physicians is \$175; and

5.3.2. The initial fee for physician assistants is \$100 and the renewal fee is \$50.

5.4. The Board will not consider an application or decide upon the issuance of an interstate telehealth registration until the complete application, including all third-party documentation and/or verification, is on file with the Board and the Board has had at least ten business days to review the application.

5.5. Applicants must provide the following information in association with an application for an interstate telehealth registration:

5.5.1. The applicant's full legal name, email address, home address, preferred mailing address and primary practice location address(es) and telephone numbers;

5.5.2. The applicant's social security number and demographic information of the applicant, such as date of birth, sex, etc.;

5.5.3. A photograph taken within the previous twelve months which substantially resembles the applicant;

5.5.4. A copy of the applicant's birth certificate, certificate of naturalization, or passport to be used in identifying the applicant, and verifying his or her date of birth and the appropriate spelling of his or her name;

5.5.5. The applicant's profession, professional degree earned, date of graduation, professional school and documentation establishing the applicant's graduation therefrom;

5.5.6. A listing of all current and former professional licenses held by the applicant and primary source verification of license to determine the applicant's good standing of each professional license; and

5.5.7. Information concerning whether the applicant:

5.5.7.1. Has any limitations, restrictions or conditions placed upon a professional license by any licensing board;

5.5.7.2. Has had a professional license revoked, suspended or placed on probation;

5.5.7.3. Has had disciplinary action taken against a professional license in any jurisdiction; or

5.5.7.4. Is currently under investigation or subject to an administrative complaint in any jurisdiction related to professional conduct or professional licensure.

5.6. Ineligible applications shall be declined. Complete applications without discrepant information may be approved without presentation to the Board. Any registration application that contains discrepant information concerning the applicant may be presented to the Licensure Committee for review and recommendation to the Board.

5.7. Registrants shall maintain complete and up-to-date contact information, including a current email address, with the Board. Registrants are required to update all categories of contact information collected by the Board within 10 business days of any change to the information previously provided.

5.8. Registrants shall immediately notify the Board, in writing, of any restrictions placed on the registrant's professional license(s) in any state or jurisdiction.

5.9. An interstate telehealth registration is valid for a period of up to one year, and automatically expires on the 31<sup>st</sup> day of March unless the applicant renews the registration.

5.10. An interstate telehealth registration may be renewed annually during the renewal period established by the Board if the registrant remains eligible and meets all of the requirements for renewal.

5.11. A registrant may renew an interstate telehealth registration issued by the Board if the registrant:

5.11.1. Meets all eligibility requirements for an interstate telehealth registration as set forth in section 4 of this rule.

5.11.2 Submits a complete application for registration renewal accompanied by the appropriate renewal fee; and

5.11.3. Certifies compliance with all continuing education requirements associated with the registrant's current professional licenses.

5.12. The Board shall decline to renew a registration if the renewal applicant is ineligible.

5.13. The Board shall publish the renewal period and renewal application on its website and shall provide email notice of the renewal to the registrants' email address of record with the Board. Registrants are responsible for submitting a timely renewal application.

5.14. Communications and notifications regarding the renewal process will be provided to the registrant via email. Failure of the registrant to receive or review a renewal notification does not justify the provision of interstate telehealth services after registration expiration.

5.15. If a registration automatically expires, the former registrant may apply anew. If registration is granted, the Board shall reactivate the registration and reissue the practitioner's original registration number.

#### **§ 11-15-6. Establishment of the Provider-Patient Relationship.**

6.1. Among other ways, a provider-patient relationship is formed when a provider serves a patient's medical needs, examines, diagnoses or treats a patient, or agrees to examine, diagnose or treat a patient.

6.2. A provider-patient relationship may be established through:

6.2.1. An in-person patient encounter;

6.2.2 Store and forward telemedicine or other similar technologies for the practice of pathology and radiology;

6.2.3. Telemedicine technologies which incorporate interactive audio using store and forward technology, real-time videoconferencing, or similar secure video services during the initial provider-patient encounter; or

6.2.4. Audio-only calls or conversations that occur in real time.

6.3. While real-time audio-only communications may be utilized to establish the provider-patient relationship, patient communication through audio-visual communication is preferable, if available or possible. Real-time audio-only communications may not be utilized when its use does not conform to the standard of care.

6.4. The provider-patient relationship may not be established through text-based communications such as email, internet questionnaires, text-based messaging, or other written forms of communication.

6.5. After a provider-patient relationship has been established, a provider may utilize any telemedicine technology that meets the standard of care and is appropriate for the patient presentation.

6.6. This rule does not prohibit the use of text-based communications for:

6.6.1. Responding to call for existing patients;

6.6.2. Providing cross coverage for a provider who has established a provider-patient relationship with the patient through an in-person encounter; or

6.6.3. Providing medical assistance in the event of an emergency.

#### **§ 11-15-7. Standard of Care, Delivery of Telehealth Services and Medical Records.**

7.1. A telehealth provider has the duty to practice in a manner consistent with:

7.1.1. The provider's scope of practice;

7.1.2. The professional conduct standards established in this state for the provider's profession;  
and

7.1.3. The standard of care applicable to the provider's practice.

7.2. The standard of care for the provision of health care services is the same for health care services provided in-person and health care services provided via telemedicine technologies.

7.3. A telehealth provider's selection of telemedicine technologies for a patient encounter must permit the provider to meet the standard of care for the patient's particular health issue and presentation. Treatment, including issuing a prescription, based solely on an online questionnaire, does not conform to the standard of care.

7.4. The standard of care requires a telehealth provider to verify that a patient has visited an in-person health care practitioner within twelve months of an initial telehealth service by the provider or the provider's telehealth service or company. Continued treatment of a patient solely through telemedicine technologies after an initial telehealth encounter, with no intervening in-person health services, violates the standard of care. The provisions of this subsection:

7.4.1. Do not apply to acute inpatient care, post-operative follow-up checks, behavioral medicine, addiction medicine, or palliative care; and

7.4.2. May be suspended, in the discretion of the telehealth provider, on a case-by-case basis. If suspended, the telehealth provider must document the reason for suspending the in-person visit requirement in the patient medical record.

7.5. With the exception of the practice of pathology and radiology, a telehealth provider shall:

7.5.1. Verify the identify and location of the patient;

7.5.2. Provide the patient with confirmation of the identity and professional qualifications of the telehealth provider;

7.5.3. Provide the patient with the physical location and contact information for the telehealth provider;

7.5.4. Establish or maintain a provider-patient relationship that conforms to the scope of practice, professional conduct standards, and standard of care;

7.5.5. Determine whether telemedicine technologies are appropriate for the patient's presentation of a specific health issue;

7.5.6. Obtain the patient's consent to receive telehealth services;

7.5.7. Conduct all appropriate evaluations and history of the patient consistent with the standard of care for in-person treatment of the patient's health condition; and

7.5.8. Create and maintain health care records for the patient which justify the course of treatment, and which verify compliance with the requirements of this section.

7.6. It is the standard of care in this state for health care practitioners to complete an appropriate controlled substance prescribing course prior to prescribing controlled substances to patients located in West Virginia. The Board maintains a list of Board-approved courses in drug diversion training and best practice prescribing controlled substances training on its website. Registrants may comply with the standard of care by completing a Board-approved course or a controlled substance continuing education course required by the registrant's state of licensure.

7.7. A telehealth provider shall maintain a patient medical record for each patient for whom telehealth services are provided. The patient record shall be accessible to the provider and the patient and maintained consistent with the laws and legislative rules governing patient health care records. All laws governing the confidentiality of health care information and governing patient access to medical records shall apply to records of telehealth encounters.

7.8. A telehealth provider solely providing services using telemedicine technologies shall make a patient's medical record easily available to the patient, and subject to the patient's consent, to any identified care provider of the patient.

7.9. Upon request of the Board, a telehealth provider shall provide the Board with the identify of, and address for, the custodian of records of any company, service, platform or entity through which the telehealth provider practices to patients at originating sites in West Virginia.

**§11-15-8. Prescribing Authority and Limitations.**

8.1. When prescribing to a patient via telemedicine, a telehealth provider shall prescribe within the prescriptive authority of the provider's profession in this state.

8.2. A telehealth provider who provides health care to a patient solely through the use of telemedicine technologies is prohibited from prescribing a controlled substance listed in Schedule II of the Uniform Controlled Substance Act except under the following circumstances, which are authorized by W. Va. Code § 30-3-13a:

8.2.1. The patient is an established patient of the prescribing telehealth provider's group practice;

8.2.2. The provider submits an order to dispense a Schedule II controlled substance to a hospital patient, other than in the emergency department, for immediate administration in a hospital; or

8.2.3. The telehealth provider is treating patients who are minors, or if 18 years of age or older, who are enrolled in a primary or secondary education program and are diagnosed with intellectual or developmental disabilities, neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance with guidelines as set forth by organizations such as the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, or the American Academy of Pediatrics. The provider must maintain records supporting the diagnosis and the continued need of treatment.

8.3. Telehealth providers who prescribe any medication listed in Schedules II through V of the Uniform Controlled Substance Act pursuant to a telehealth encounter with a patient at an originating site in West Virginia shall:

8.3.1. Obtain and maintain online or other electronic access to the CSMP;

8.3.2. Comply with all preconditions to prescribing identified in W. Va. Code § 60A-9-5a and the requirements set forth in 11 CSR 10;

8.3.3. Maintain a record of the controlled substance prescribed and the diagnosis or basis for the prescription in the patient medical record;

8.3.4. Comply with all prescribing protocols and prescribing limitations established in the Opioid Reduction Act, W. Va. Code § 16-54-1 *et seq*; and

8.3.5. Comply with all state and federal laws which govern the prescribing of controlled substances.

8.4. A telehealth provider may not, based solely upon a telemedicine encounter, prescribe any drug with the intent of causing an abortion.

**§11-15-9. Complaint and Disciplinary Procedures for Interstate Telehealth Registrants.**

9.1. By registering with the Board to provide interstate telehealth services to patients in this state, a health care practitioner is subject to:

9.1.1. All state laws regarding the registrant's profession in this state;

9.1.2. The state judicial system;

9.1.3. All professional conduct rules and standards incorporated into the West Virginia Medical Practice Act and/or West Virginia Physician Assistants Practice Act and the Board's legislative rules; and

9.1.4. The jurisdiction of the Board, including the Board's complaint, investigation, and hearing process.

9.2. In circumstances where a registration is not declined or invalidated due to uncontested ineligibility, the complaint and disciplinary process and procedures, and appeal rights set forth in the contested case hearing procedure, W. Va. Code §29A-5-1 et seq., W. Va. Code §30-3-14(h) and (i), and in the Board's procedural rule, 11 CSR 3, Board Organization and Meeting Procedure; Complaint and Contested Case Hearing Procedure, also apply to interstate telehealth registrants.

**§11-15-10. Registration Denial, Professional Conduct, and Discipline.**

10.1. The Board shall deny an application for an interstate telehealth registration, or a registration renewal, to any applicant who is ineligible based upon the criteria set forth in W. Va. Code § 30-1-26 or section 4 of this rule.

10.2. In circumstances where a registration is not declined or invalidated due to ineligibility, the Board may discipline a health care practitioner registered by the Board who, after a hearing, has been adjudged by the Board as unqualified due to any of the following reasons:

10.2.1. Conduct by a registrant which is equivalent to any of the grounds cited for the discipline in W. Va. Code § 30-3-14(c) § 30-3E-17(b), section 12 of 11 CSR 1A, or section 21 of 11 CSR 1B, which apply equally to registrants or applicants as they do to licensees; or

10.2.2. Failure to comply with any provision of this rule, the provisions of W. Va. Code § 30-1-16, or § 30-3-13a; and/or

10.2.3. Failure to immediately notify the Board of any restrictions placed on the registrant's professional license in any state or jurisdiction.

10.3. If the Board determines that an eligible registrant is otherwise unqualified, the Board may enter an order imposing any limitation, restriction or other disciplinary measure set forth in W. Va. Code § 30-3-14(j) and/or 11 CSR 1A.

10.4. In addition to the complaint, investigation and disciplinary processes available in this state, the Board may elect to report or refer any complaint or allegation of professional misconduct by a registrant to the registrant's professional licensing boards.

**§11-15-11. Required Records.**

11.1. The Board shall provide each interstate telehealth practitioner registered written verification of registration and registration expiration via email.

11.2. The Board shall maintain a list of all practitioners who are registered with the Board as interstate telehealth practitioners and shall publish the following information for each registrant on its website:

11.2.1. Full name;

11.2.2. Health profession;

11.2.3. Registration date;

11.2.4. Registration status;

11.2.5. Registrant-reported education;

11.2.6. States of licensure;

11.2.7. Primary practice address or preferred contact address; and

11.2.8. Any disciplinary action taken by the Board.