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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

RELATING TO BUSINESSES AND PROFESSIONS -- NURSES

Introduced By: Representatives Potter, McNamara, Giraldo, Kislak, Bennett, Cotter,  
Corvese, and Voas

Date Introduced: February 12, 2026

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 5-34-3 of the General Laws in Chapter 5-34 entitled "Nurses" is  
2 hereby amended to read as follows:

3 **5-34-3. Definitions.**

4 As used in this chapter:

5 (1) "Advanced practice registered nurse" (APRN) is the title given to an individual licensed  
6 to practice advanced practice registered nursing within one of the following roles: certified nurse  
7 practitioner (CNP), certified registered nurse anesthetist (CRNA) as defined in chapter 34.2 of this  
8 title, or certified clinical nurse specialist (CNS), and who functions in a population focus. An APRN  
9 may serve as a primary- or acute-care provider of record.

10 (2) "Advanced practice registered nursing" means an independent and expanded scope of  
11 nursing in a role and population focus approved by the board of nurse registration and nursing  
12 education that includes the registered nurse scope of practice and may include, but is not limited  
13 to, performing acts of advanced assessment, diagnosing, prescribing, and ordering. Each APRN is  
14 accountable to patients, the nursing profession, and the board of nursing for complying with the  
15 requirements of this chapter and the quality of advanced nursing care rendered; recognizing limits  
16 of knowledge and experience; planning for the management of situations beyond the APRN's  
17 expertise; and for consulting with or referring patients to other healthcare providers as appropriate.

18 (3) "Approval" means the process where the board of nursing evaluates and grants official  
19 recognition to basic nursing education programs meeting established criteria and standards.

1 (4) “Certified clinical nurse specialist” is an advanced practice registered nurse who  
2 independently provides care to clients; facilitates attainment of health goals; and provides  
3 innovation in nursing practice, based on clinical expertise, evidence-based decision-making, and  
4 leadership skills. The clinical nurse specialist practices with individual clients and populations;  
5 nurses, and other multidisciplinary team members; and organizations to effect systemwide changes  
6 to improve programs of care. The practice may include prescriptive privileges.

7 (5) “Certified nurse practitioner” is an advanced practice nurse utilizing independent  
8 knowledge of physical assessment, diagnosis, and management of health care and illnesses. The  
9 practice includes prescriptive privileges. Certified nurse practitioners are members of the healthcare  
10 delivery system practicing in areas including, but not limited to: family practice, pediatrics, adult  
11 health care, geriatrics, and women’s health care in primary, acute, long-term, and critical-care  
12 settings in healthcare facilities and the community. Certified nurse practitioners may be recognized  
13 as the primary-care provider or acute-care provider of record.

14 (6) “Certified registered nurse anesthetist” is as defined in chapter 34.2 of this title (“Nurse  
15 Anesthetist”).

16 (7) “Department” means the department of health.

17 (8) “Health” means optimum well-being.

18 (9) “Health care” means those services provided to promote the optimum well-being of  
19 individuals.

20 (10) “Licensed” means the status of qualified individuals who have completed a designated  
21 process by which the board of nursing grants permission to individuals accountable and/or  
22 responsible for the practice of nursing and to engage in that practice, prohibiting all others from  
23 legally doing so.

24 (11) “Nursing” means the provision of services that are essential to the promotion,  
25 maintenance, and restoration of health throughout the continuum of life. It provides care and  
26 support of individuals and families during periods of wellness, illness, and injury, and incorporates  
27 the appropriate healthcare plan of care prescribed by a licensed advanced practice registered nurse,  
28 certified nurse midwife, licensed physician, dentist, or podiatrist. It is a distinct component of health  
29 services. Nursing practice is based on specialized knowledge, judgment, and nursing skills acquired  
30 through educational preparation in nursing and in the biological, physical, social, and behavioral  
31 sciences.

32 (12) “Population foci” means focus of the patient population. Population focus shall  
33 include:

34 (i) Family/Individual across the lifespan;

- 1 (ii) Adult-gerontology;
- 2 (iii) Neonatal;
- 3 (iv) Pediatrics;
- 4 (v) Women’s health/gender-related; and
- 5 (vi) Psychiatric/mental health.

6 (13) “Practical nursing” is practiced by licensed practical nurses (L.P.N.s). It is an integral  
7 part of nursing based on a knowledge and skill level commensurate with education. It includes  
8 promotion, maintenance, and restoration of health and utilizes standardized procedures leading to  
9 predictable outcomes that are in accord with the professional nurse regimen under the direction of  
10 a registered nurse. In situations where registered nurses are not employed, the licensed practical  
11 nurse functions under the direction of a licensed physician, dentist, podiatrist, or other licensed  
12 healthcare providers authorized by law to prescribe. Each L.P.N. is responsible for the nursing care  
13 rendered.

14 (14) “Professional nursing” is practiced by registered nurses (R.N.s). The practice of  
15 professional nursing is a dynamic process of assessment of an individual’s health status;  
16 identification of healthcare needs; determination of healthcare goals with the individual and/or  
17 family participation; and the development of a plan of nursing care to achieve these goals. Nursing  
18 actions, including teaching and counseling, are directed toward the promotion, maintenance, and  
19 restoration of health and evaluation of the individual’s response to nursing actions and the medical  
20 regimen of care. The professional nurse provides care and support of individuals and families  
21 during periods of wellness and injury and incorporates, where appropriate, the medical plan of care  
22 as prescribed by a licensed physician, dentist, podiatrist, or other licensed healthcare providers  
23 authorized by law to prescribe. Each R.N. is directly accountable and responsible to the consumer  
24 for the nursing care rendered.

25 (15) “Psychiatric and mental health nurse clinical specialist” is a certified clinical nurse  
26 specialist working in the population foci of psychiatric/mental health as an advanced practice nurse  
27 utilizing independent knowledge in psychiatric mental-health assessment; diagnosis, health  
28 promotion, psychotherapeutic modalities, and management of mental health and illnesses. The  
29 practice may include prescription privileges within their scope of practice. The practice may also  
30 include consultation and education.

31 [\(16\) “Telemedicine” has the meaning as provided in § 27-81-3.](#)

32 SECTION 2. Chapter 5-34 of the General Laws entitled "Nurses" is hereby amended by  
33 adding thereto the following section:

34 **5-34-51. Telemedicine in the practice of medicine for advanced practice registered**

1 **nurses.**

2 (a) Professionals licensed under this chapter who use telemedicine in the practice of  
3 medicine shall be subject to the same standard of care that would apply to the provision of the same  
4 medical care service or procedure in an in-person setting.

5 (b) The board of nursing shall not sanction an APRN solely because the healthcare service  
6 is provided through telemedicine and is not provided through in-person consultation or contact;  
7 provided that, the healthcare service is necessary and medically and clinically appropriate to be  
8 provided through telemedicine services.

9 (c) When another state or territory seeks to sanction a Rhode Island licensed APRN for  
10 providing services via telemedicine to a patient outside of Rhode Island in a state or territory in  
11 which the APRN is not licensed, the board of nursing shall not sanction the APRN based on the  
12 delivery of service via telemedicine; provided that, the following conditions are met:

13 (1) The patient is an established patient or the APRN is covering a provider with the  
14 established patient-provider relationship; and

15 (2) The patient has been seen in person within the previous twenty-four (24) months by the  
16 APRN or the provider for whom the APRN is providing coverage.

17 (d) The state shall not require an APRN who uses telemedicine in the practice of medicine  
18 to be licensed or registered in the state in accordance with state law when the following conditions  
19 are met:

20 (1) The APRN is licensed as an APRN or its equivalent in a state or territory of the United  
21 States of America;

22 (2) The license is in good standing and without restriction;

23 (3) The APRN has professional liability insurance coverage for any care provided to a  
24 person while the person is located in Rhode Island; and

25 (4) There is an established patient-provider relationship and the patient has been seen in-  
26 person within the previous twenty-four (24) months by the APRN; or

27 (5) The patient has been referred to the APRN for purposes other than direct diagnosis or  
28 treatment by an in-state provider who retains authority and responsibility for the patient's care, and  
29 the APRN makes all recommendations to the in-state provider after communicating with the  
30 patient; or

31 (6) The purpose of the telemedicine service is to initiate the evaluation and potential  
32 treatment of a new patient who will be seen in person within the next three (3) months, and the  
33 APRN does not directly diagnose or treat the patient until the patient is seen in person. The APRN  
34 may make a request or recommendation to a Rhode Island licensed provider who has treated the

1 patient in person, whether or not the Rhode Island provider referred the patient to the APRN;  
2 however, the Rhode Island provider has no obligation to accept a request or recommendation from  
3 an APRN who has not fully evaluated the patient.

4 (e) In all cases, the Rhode Island board of nursing shall have jurisdiction in evaluating  
5 whether an APRN has conformed to the standards of care and conduct applicable to a Rhode Island  
6 licensed provider when telemedicine service is provided to a patient while the patient is located  
7 within the state.

8 (f) In all cases, an APRN who delivers telemedicine service to a patient who is located in  
9 the state during the rendition of those services shall be subject to the jurisdiction of the state and its  
10 courts.

11 SECTION 3. Section 5-37-1 of the General Laws in Chapter 5-37 entitled "Board of  
12 Medical Licensure and Discipline" is hereby amended to read as follows:

13 **5-37-1. Definitions.**

14 (a) As used in this chapter:

15 (1) "ACGME" means the Accreditation Council for Graduate Medical Education.

16 (2) "ACGME-I" means the Accreditation Council for Graduate Medical Education-  
17 International.

18 (3) "Board" means the Rhode Island board of medical licensure and discipline or any  
19 committee or subcommittee thereof.

20 (4) "Chief administrative officer" means the administrator of the Rhode Island board of  
21 medical licensure and discipline.

22 (5) "Department" means the Rhode Island department of health.

23 (6) "Director" means the director of the Rhode Island department of health.

24 (7) "ECFMG" means the Educational Commission for Foreign Medical Graduates.

25 (8) "GME" means graduate medical education, which is specialty-specific clinical training  
26 that commences after graduation from medical school and provides physicians with the knowledge  
27 and clinical skills necessary to practice their specialty independently. GME curricula and clinical  
28 experience vary widely across countries and do not have uniform standards.

29 (9) "Healthcare facility" means any institutional health service provider licensed pursuant  
30 to the provisions of chapter 17 of title 23.

31 (10) "Health maintenance organization" means a public or private organization licensed  
32 pursuant to the provisions of chapter 17 of title 23 or chapter 41 of title 27.

33 (11) "Internationally trained physician" means a physician who has received a degree of  
34 doctor of medicine or its equivalent from a medical school located outside the United States with

1 recognized accreditation status from ECFMG; has completed the required years of training in a  
2 residency program accredited by ACGME-I or in a residency program in a country whose GME  
3 accrediting agency has been recognized by the WFME, or programs accredited by another  
4 accreditation authority approved by the board; and who has been licensed or otherwise authorized  
5 to practice medicine in a country other than the United States for at least three (3) years with an  
6 unrestricted medical license. Physicians who have completed ACGME-accredited residency  
7 training in the United States or Royal College of Physicians and Surgeons-accredited residency  
8 training in Canada are not internationally trained physicians.

9 (12) “Limited international physician registrant” means an internationally trained  
10 physician granted a limited license pursuant to the provisions of this chapter.

11 (13) “Limited registrant” means a person holding a limited registration certificate pursuant  
12 to the provisions of this chapter.

13 (14) “Medical malpractice” or “malpractice” means any tort, or breach of contract, based  
14 on health care or professional services rendered or that should have been rendered, by a physician,  
15 dentist, hospital, clinic, health maintenance organization, or professional service corporation  
16 providing healthcare services and organized under chapter 5.1 of title 7, to a patient or the rendering  
17 of medically unnecessary services except at the informed request of the patient.

18 (15) “Medical practice group” means a single legal entity formed primarily for the purpose  
19 of being a physician group practice in any organizational form recognized by the state in which the  
20 group practice achieves its legal status, including, but not limited to, a partnership, professional  
21 corporation, limited liability company, limited liability partnership, foundation, not-for-profit  
22 corporation, faculty practice plan, or similar association.

23 (16) “Medical record” means a record of a patient’s medical information and treatment  
24 history maintained by physicians and other medical personnel, which includes, but is not limited  
25 to, information related to medical diagnosis, immunizations, allergies, x-rays, copies of laboratory  
26 reports, records of prescriptions, and other technical information used in assessing the patient’s  
27 health condition, whether such information is maintained in a paper or electronic format.

28 (17) “Nonprofit medical services corporation” or “nonprofit hospital service corporation”  
29 means any corporation organized pursuant to chapter 19 or chapter 20 of title 27 for the purpose of  
30 establishing, maintaining, and operating a nonprofit medical service plan.

31 (18) “Participating healthcare facility” means a federally qualified health center,  
32 community health center, hospital, or other healthcare facility that provides a board-approved  
33 assessment, training, and evaluation program designed to develop, assess, train, and evaluate an  
34 internationally trained physician’s clinical and nonclinical skills, including training in identified

1 clinical and nonclinical gaps identified by the physician(s) in the facility.

2 (19)(i) "Peer-review board" means any committee of a state or local professional  
3 association or society including a hospital association, or a committee of any licensed healthcare  
4 facility, or the medical staff thereof, or any committee of a medical care foundation or health  
5 maintenance organization, or any committee of a professional service corporation or nonprofit  
6 corporation employing twenty (20) or more practicing professionals, organized for the purpose of  
7 furnishing medical service, or any staff committee or consultant of a hospital service or medical  
8 service corporation, the function of which, or one of the functions of which, is to evaluate and  
9 improve the quality of health care rendered by providers of healthcare services or to determine that  
10 healthcare services rendered were professionally indicated or were performed in compliance with  
11 the applicable standard of care or that the cost of health care rendered was considered reasonable  
12 by the providers of professional healthcare services in the area and shall include a committee  
13 functioning as a utilization-review committee under the provisions of 42 U.S.C. § 1395 et seq.  
14 (Medicare law) or as a professional standards review organization or statewide professional  
15 standards review council under the provisions of 42 U.S.C. § 1301 et seq. (professional standards  
16 review organizations) or a similar committee or a committee of similar purpose, to evaluate or  
17 review the diagnosis or treatment of the performance or rendition of medical or hospital services  
18 that are performed under public medical programs of either state or federal design.

19 (ii) "Peer-review board" also means the board of trustees or board of directors of a state or  
20 local professional association or society, a licensed healthcare facility, a medical care foundation,  
21 a health maintenance organization, and a hospital service or medical service corporation only when  
22 such board of trustees or board of directors is reviewing the proceedings, records, or  
23 recommendations of a peer-review board of the above enumerated organizations.

24 (20) "Person" means any individual, partnership, firm, corporation, association, trust or  
25 estate, state or political subdivision, or instrumentality of a state.

26 (21) "Physician" means a person with a license to practice allopathic or osteopathic  
27 medicine in this state under the provisions of this chapter.

28 (22) "Practice of medicine" includes the practice of allopathic and osteopathic medicine.  
29 Any person is regarded as practicing medicine within the meaning of this chapter who holds  
30 himself out as being able to diagnose, treat, operate, or prescribe for any person ill or alleged to  
31 be ill with disease, pain, injury, deformity, or abnormal physical or mental condition, or who either  
32 professes to heal, offer, or undertake, by any means or method, to diagnose, treat, operate, or  
33 prescribe for any person for disease, pain, injury, deformity, or physical or mental condition. In  
34 addition, one who attaches the title, M.D., physician, surgeon, D.O., osteopathic physician, and

1 surgeon, or any other similar word or words or abbreviation to their name indicating that they are  
2 engaged in the treatment or diagnosis of the diseases, injuries, or conditions of persons, shall be  
3 held to be engaged in the practice of medicine.

4 [\(23\) “Telemedicine” has the meaning as provided in § 27-81-3.](#)

5 ~~(23)~~[\(24\)](#) “USMLE” means the United States Medical Licensing Examination which  
6 consists of three (3) steps:

7 (i) Step 1 of the USMLE requires an assessment of the examinee’s understanding of and  
8 ability to apply important concepts of the basic sciences to the practice of medicine, with special  
9 emphasis on principles and mechanisms underlying health disease, and modes of therapy;

10 (ii) Step 2 of the USMLE requires an assessment of the examinee’s ability to apply  
11 knowledge, skills, and understanding of clinical science essentials for the provision of patient care  
12 under supervision, with an emphasis on health promotion and disease prevention;

13 (iii) Step 3 of the USMLE requires an assessment of the examinee’s ability to apply medical  
14 knowledge and understanding of biomedical and clinical science essential for the unsupervised  
15 practice of medicine, with the emphasis on patient management in ambulatory settings.

16 ~~(24)~~[\(25\)](#) “WFME” means the World Federation for Medical Education.

17 (b) Notwithstanding any foreign medical graduate post graduate training requirements to  
18 the contrary, such requirements shall be deemed satisfied and the board shall issue a full,  
19 unrestricted license to practice medicine in Rhode Island if the following criteria are met:

20 (1) Ten (10) years’ experience as a fully licensed physician in good standing in another  
21 state;

22 (2) Board certification in the physician’s area of specialty; and

23 (3) Membership in a recognized professional organization specific to the physician’s area  
24 of specialty.

25 SECTION 4. Chapter 5-37 of the General Laws entitled "Board of Medical Licensure and  
26 Discipline" is hereby amended by adding thereto the following section:

27 **5-37-34. Telemedicine in the practice of medicine for physicians.**

28 [\(a\) Professionals licensed under this chapter who use telemedicine in the practice of](#)  
29 [medicine shall be subject to the same standard of care that would apply to the provision of the same](#)  
30 [medical care service or procedure in an in-person setting.](#)

31 [\(b\) The board of medical licensure and discipline shall not sanction a physician solely](#)  
32 [because the healthcare service is provided through telemedicine and is not provided through in-](#)  
33 [person consultation or contact; provided that, the healthcare service is necessary and medically and](#)  
34 [clinically appropriate to be provided through telemedicine services.](#)

1           (c) When another state or territory seeks to sanction a Rhode Island licensed physician for  
2 providing services via telemedicine to a patient outside of Rhode Island in a state or territory in  
3 which the physician is not licensed, the board of medical licensure and discipline shall not sanction  
4 the physician based on the delivery of service via telemedicine; provided that, the following  
5 conditions are met:

6           (1) The patient is an established patient or the physician is covering a provider with the  
7 established patient-provider relationship; and

8           (2) The patient has been seen in person within the previous twenty-four (24) months by the  
9 Rhode Island licensed physician or the provider for whom the physician is providing coverage.

10          (d) The state shall not require a physician who uses telemedicine in the practice of medicine  
11 to be licensed or registered in the state in accordance with state law when the following conditions  
12 are met:

13          (1) The physician is licensed as an osteopathic or allopathic physician in a state or territory  
14 of the United States of America;

15          (2) The license is in good standing and without restriction;

16          (3) The physician has professional liability insurance coverage for any care provided to a  
17 person while the person is located in Rhode Island; and

18          (4) There is an established patient-provider relationship and the patient has been seen in  
19 person within the previous twenty-four (24) months by the physician; or

20          (5) The patient has been referred to the physician for purposes other than direct diagnosis  
21 or treatment by an in-state provider who retains authority and responsibility for the patient's care,  
22 and the physician makes all recommendations to the in-state provider after communicating with  
23 the patient; or

24          (6) The purpose of the telemedicine service is to initiate the evaluation and potential  
25 treatment of a new patient who will be seen in person within the next three (3) months, and the  
26 physician does not directly diagnose or treat the patient until the patient is seen in person. The  
27 physician may make a request or recommendation to a Rhode Island licensed provider who has  
28 treated the patient in-person, whether or not the Rhode Island provider referred the patient to the  
29 physician; however, the Rhode Island provider has no obligation to accept a request or  
30 recommendation from a physician who has not fully evaluated the patient.

31          (e) In all cases, the Rhode Island board of medical licensure and discipline shall have  
32 jurisdiction in evaluating whether a physician has conformed to the standards of care and conduct  
33 applicable to a Rhode Island licensed physician when telemedicine service is provided to a patient  
34 while the patient is located within the state.

1 [\(f\) In all cases, a physician who delivers telemedicine service to a patient who is located in](#)  
2 [the state during the rendition of those services shall be subject to the jurisdiction of the state and its](#)  
3 [courts.](#)

4 SECTION 5. Section 5-54-2 of the General Laws in Chapter 5-54 entitled "Physician  
5 Assistants" is hereby amended to read as follows:

6 **5-54-2. Definitions.**

7 As used in this chapter, the following words have the following meanings:

8 (1) "Administrator" means the administrator, division of professional regulation.

9 (2) "Approved program" means a program for the education and training of physician  
10 assistants formally approved by the American Medical Association's (A.M.A.'s) Committee on  
11 Allied Health, Education and Accreditation, its successor, the Commission on Accreditation of  
12 Allied Health Education Programs (CAAHEP) or its successor.

13 (3) "Approved program for continuing medical education" means a program for continuing  
14 education approved by the American Academy of Physician Assistants (AAPA) or the  
15 Accreditation Council for Continuing Medical Education of the American Medical Association  
16 (AMA), or the American Academy of Family Physicians (AAPFP) or the American Osteopathic  
17 Association Committee on Continuing Medical Education (AOACCME) or any other board-  
18 approved program.

19 (4) "Board" means the board of licensure of physician assistants.

20 (5) "Collaboration" means the physician assistant shall, as indicated by the patient's  
21 condition, the education, competencies, and experience of the physician assistant, and the standards  
22 of care, consult with or refer to an appropriate physician or other healthcare professional. The  
23 degree of collaboration shall be determined by the practice and includes decisions made by a  
24 physician employer, physician group practice, and the credentialing and privileging systems of a  
25 licensed hospital, health center, or ambulatory care center. A physician must be accessible at all  
26 times for consultation by the physician assistant.

27 (6) "Director" means the director of the department of health.

28 (7) "Division" means the division of professional regulation, department of health.

29 (8) [Deleted by P.L. 2013, ch. 320, § 1 and P.L. 2013, ch. 420, § 1.]

30 (9) "Physician" means a person licensed under the provisions of chapter 29 or 37 of this  
31 title.

32 (10) "Physician assistant" or "PA" means a person who is qualified by academic and  
33 practical training to provide medical and surgical services in collaboration with physicians.

34 [\(11\) "Telemedicine" has the meaning as provided in § 27-81-3.](#)

1           ~~(H)~~(12) “Unprofessional conduct” includes, but is not limited to, the following items or  
2 any combination and may be defined by regulations established by the board with prior approval  
3 of the director:

4           (i) Fraudulent or deceptive procuring or use of a license;

5           (ii) Representation of himself or herself as a physician;

6           (iii) Conviction of a felony; conviction of a crime arising out of the practice of medicine.

7 All advertising of medical business that is intended or has a tendency to deceive the public;

8           (iv) Abandonment of a patient;

9           (v) Dependence upon a controlled substance, habitual drunkenness, or rendering  
10 professional services to a patient while intoxicated or incapacitated by the use of drugs;

11           (vi) Promotion of the sale of drugs, devices, appliances, or goods or services provided for  
12 a patient in a manner that exploits the patient for the financial gain of the physician assistant;

13           (vii) Immoral conduct of a physician assistant in the practice of medicine;

14           (viii) Willfully making and filing false reports or records;

15           (ix) Willful omission to file or record or willfully impeding or obstructing a filing or  
16 recording, or inducing another person to omit to file or record medical or other reports as required  
17 by law;

18           (x) Agreeing with clinical or bioanalytical laboratories to accept payments from these  
19 laboratories for individual tests or test series for patients;

20           (xi) Practicing with an unlicensed physician or physician assistant or aiding or abetting  
21 these unlicensed persons in the practice of medicine;

22           (xii) Offering, undertaking, or agreeing to cure or treat a disease by a secret method,  
23 procedure, treatment, or medicine;

24           (xiii) Professional or mental incompetence;

25           (xiv) Surrender, revocation, suspension, limitation of privilege based on quality of care  
26 provided, or any other disciplinary action against a license or authorization to practice in another  
27 state or jurisdiction; or surrender, revocation, suspension, or any other disciplinary action relating  
28 to membership on any medical staff or in any medical professional association, or society while  
29 under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to  
30 acts or conduct that would constitute grounds for action as stated in this chapter;

31           (xv) Any adverse judgment, settlement, or award arising from a medical liability claim  
32 related to acts or conduct that would constitute grounds for action as stated in this chapter;

33           (xvi) Failure to furnish the board, the administrator, investigator, or representatives,  
34 information legally requested by the board;

1 (xvii) Violation of any provisions of this chapter or the rules and regulations promulgated  
2 by the director or an action, stipulation, or agreement of the board;

3 (xviii) Cheating or attempting to subvert the certifying examination;

4 (xix) Violating any state or federal law or regulation relating to controlled substances;

5 (xx) Medical malpractice;

6 (xxi) Sexual contact between a physician assistant and patient during the existence of the  
7 physician assistant/patient relationship;

8 (xxii) Providing services to a person who is making a claim as a result of a personal injury,  
9 who charges or collects from the person any amount in excess of the reimbursement to the physician  
10 assistant by the insurer as a condition of providing or continuing to provide services or treatment.

11 SECTION 6. Chapter 5-54 of the General Laws entitled "Physician Assistants" is hereby  
12 amended by adding thereto the following section:

13 **5-54-29. Telemedicine in the practice of medicine for physician assistants.**

14 (a) Professionals licensed under this chapter who use telemedicine in the practice of  
15 medicine shall be subject to the same standard of care that would apply to the provision of the same  
16 medical care service or procedure in an in-person setting.

17 (b) The board of medical licensure and discipline shall not sanction a physician assistant  
18 solely because the healthcare service is provided through telemedicine and is not provided through  
19 in-person consultation or contact; provided that, the healthcare service is necessary and medically  
20 and clinically appropriate to be provided through telemedicine services.

21 (c) When another state or territory seeks to sanction a Rhode Island licensed physician  
22 assistant for providing services via telemedicine to a patient outside of Rhode Island in a state or  
23 territory in which the physician assistant is not licensed, the board of medical licensure and  
24 discipline shall not sanction the physician assistant based on the delivery of service via  
25 telemedicine; provided that, the following conditions are met:

26 (1) The patient is an established patient or the physician assistant is covering a provider  
27 with the established patient-provider relationship; and

28 (2) The patient has been seen in person within the previous twenty-four (24) months by the  
29 Rhode Island licensed physician assistant or the provider for whom the physician assistant is  
30 providing coverage.

31 (d) The state shall not require a physician assistant who uses telemedicine in the practice  
32 of medicine to be licensed or registered in the state in accordance with state law when the following  
33 conditions are met:

34 (1) The physician assistant is licensed as an osteopathic or allopathic physician in a state

1 or territory of the United States of America;

2 (2) The license is in good standing and without restriction;

3 (3) The physician assistant has professional liability insurance coverage for any care  
4 provided to a person while the person is located in Rhode Island; and

5 (4) There is an established patient-provider relationship and the patient has been seen in-  
6 person within the previous twenty-four (24) months by the physician assistant; or

7 (5) The patient has been referred to the physician assistant for purposes other than direct  
8 diagnosis or treatment by an in-state provider who retains authority and responsibility for the  
9 patient's care, and the physician assistant makes all recommendations to the in-state provider after  
10 communicating with the patient; or

11 (6) The purpose of the telemedicine service is to initiate the evaluation and potential  
12 treatment of a new patient who will be seen in person within the next three (3) months, and the  
13 physician assistant does not directly diagnose or treat the patient until the patient is seen in person.  
14 The physician assistant may make a request or recommendation to a Rhode Island licensed provider  
15 who has treated the patient in person, whether or not the Rhode Island provider referred the patient  
16 to the physician assistant; however, the Rhode Island provider has no obligation to accept a request  
17 or recommendation from a physician assistant who has not fully evaluated the patient.

18 (e) In all cases, the Rhode Island board of medical licensure and discipline shall have  
19 jurisdiction in evaluating whether a physician assistant has conformed to the standards of care and  
20 conduct applicable to a Rhode Island licensed physician assistant when telemedicine service is  
21 provided to a patient while the patient is located within the state.

22 (f) In all cases, a physician assistant who delivers telemedicine service to a patient who is  
23 located in the state during the rendition of those services shall be subject to the jurisdiction of the  
24 state and its courts.

25 SECTION 7. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO BUSINESSES AND PROFESSIONS -- NURSES

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1           This act would permit advanced practice registered nurses (APRN), physicians, and  
2 physician assistants to provide services to patients located in Rhode Island via telemedicine when  
3 those services are necessary and medically and clinically appropriate. This act would also allow  
4 APRNs, physicians, and physician assistants who are licensed in other states or U.S. territories who  
5 have appropriate professional liability insurance coverage and who are licensed and in good  
6 standing in those jurisdictions to provide telemedicine services to patients who are in Rhode Island  
7 when those services are rendered. Further, this act would bring providers who render telemedicine  
8 services to patients who are in the state when the services are rendered under the jurisdiction of the  
9 state and its courts.

10           This act would take effect upon passage.

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