

# Policy

## American Telemedicine Association Operating Procedures for Pediatric Telehealth

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### Preamble

The American Telemedicine Association (ATA), with members from the United States and throughout the world, is the principal organization bringing together telemedicine providers, healthcare institutions, vendors, and others involved in providing remote healthcare using telecommunications. ATA is a nonprofit organization that seeks to bring together diverse groups from traditional medicine, academia, technology and telecommunications companies, e-health, allied professional and nursing associations, medical societies, government, and others to overcome barriers to the advancement of telemedicine through professional, ethical, and equitable improvement in healthcare delivery. ATA has embarked on an effort to provide practice guidance and technical recommendations for telemedicine. The goal of this effort is to advance the science of telemedicine and promote the delivery of quality medical services.

This guidance, which is based on clinical and empirical experience, has been developed by work groups that include experts from the field and other strategic stakeholders, including clinicians, administrators, technical experts, and industry leaders. This guidance has been designed to serve as an operational reference and an educational tool, which will help provide appropriate care for pediatric patients. The guidance and recommendations generated by ATA undergo a thorough consensus and rigorous review, with final approval by the ATA Board of Directors. Existing guidance and recommendations are reviewed and updated periodically.

The practice of medicine is an integration of both the science and art of preventing, diagnosing, and treating diseases. Accordingly, it should be recognized that compliance with this guidance will not guarantee accurate diagnoses or successful outcomes with respect to the treatment of individual patients, and ATA disclaims any responsibility for such outcomes. This guidance is provided for informational and educational purposes only and does not set a legal standard of medical or other healthcare. It is intended to assist providers in delivering effective and safe medical care that is founded on current information, available resources, and patient needs. The practice guidance and technical recommendations recognize that safe and effective practices require specific training, skills,

and techniques, as described in each document, and are not a substitute for the independent health professional judgment, training, and skill of treating or consulting providers.

If circumstances warrant, a provider may responsibly pursue a course of action different from the guidance when, in the reasonable judgment of the provider, such action is indicated by the condition of the patient, restrictions or limits on available resources, or advances in information or technology subsequent to publication of the guidance. Nonetheless, a provider who uses an approach that is significantly different from this guidance is strongly advised to provide documentation, in the patient record, that is adequate to explain the approach pursued.

Likewise, the technical and administrative guidance in this document does not purport to establish binding legal standards for carrying out telemedicine interactions. Rather, it is a result of the accumulated knowledge and expertise of the ATA work groups and intended to improve the technical quality and reliability of telemedicine encounters. The technical aspects and administrative procedures for specific telemedicine arrangements may vary with individual circumstances. These circumstances include location of the parties, resources, and nature of the interaction. Telehealth encounters with children and adolescents are complicated by a number of issues such as age, specific services provided, and the rights of parents/legal representatives impacting consent, confidentiality, and privacy. Adherence to this guidance by any organization for any telehealth program or service does not constitute endorsement of that service or program by the ATA or any other organization that supports these guidelines.

## Scope

These operating procedures cover the provision of health-care by providers to children, from the time of birth through the legal age of majority, using telehealth, which includes both real-time and “store and forward” interactive technologies and mobile devices. This guidance may also be applied to young adults beyond the age of legal majority who continue to receive pediatric care, such as those with a chronic pediatric illness or disability. Healthcare providers include but are not limited to individual practitioners, group and specialty practices, hospitals and healthcare systems, triage or call centers, and other healthcare providers of telehealth services. The procedures do not address communications between healthcare professionals and patients and parent/legal representatives through short message service, e-mail, social network sites, online coaching, or the use of telehealth for primary care when one provider connects to another provider. The procedures are classified into three levels of adherence based on

review of relevant literature and expert opinion: “shall” indicates a required action whenever feasible and/or practical; “shall not” indicates a proscription of an action that is strongly advised against; and “should” indicates a recommended action without excluding others. “May” indicates pertinent actions that may be considered to optimize the telehealth encounter. These indications are found in bold throughout the document. The procedures do not specifically address telemental healthcare with pediatric and adolescent patients as these are covered in a separate ATA guideline. The procedures do not provide guidance on the diagnosis and treatment of specific conditions.

The use of mobile devices by patients and parent/legal representatives for telehealth services introduces a number of additional factors regarding patient privacy, confidentiality, parental consent, and patient safety. Complete guidance for the safe and secure use of mobile devices for telehealth encounters is beyond the scope of this document. Telehealth services incorporating the use of mobile devices shall follow the Health Insurance Portability and Accountability Act (HIPAA) privacy and security regulations and existing guidance specific to the state in which they practice and the state in which the patient is located.

Primary and urgent care telehealth services initiated on-demand by the patient or legal guardian represent a unique application of telehealth. In many or most cases with such services, these encounters occur with no healthcare provider at the patient’s location to facilitate the interaction between the patient and provider. As such, these encounters present unique challenges with respect to many aspects of the telehealth encounter that are addressed in this document, including informed consent, privacy considerations, technical quality, examination capabilities, coordination with the Patient-Centered Medical Home (PCMH), and mechanisms for follow-up. The ATA has released Practice Guidelines for Live, On-Demand Primary and Urgent Care,<sup>1</sup> which do not fully address all pediatric considerations. **Because pediatric patients represent a special population, additional guidance on the delivery of on-demand primary and urgent care telehealth services to pediatric patients should be developed.**

Additionally, guidance for the use of on-demand primary and urgent care services for the diagnosis and management of specific conditions in pediatric patients should be developed.

Telehealth services should not be provided to children under 2 years of age in their home or other nonclinical setting, except when the provider or their surrogate has a previously established in-person relationship with the patient or when the PCMH has referred them for subspecialty consultation. **Telehealth services provided to children in their home,**

administered through or in coordination with the PCMH, may have particular benefit for the management of chronic diseases and medically complex children, even for children less than 2 years old.

Peripheral examination devices designed for home use by parents or other nonclinical caregivers are an emerging technology. However, further study of the accuracy and effectiveness of these devices is required before any recommendations can be made regarding their use.

ATA urges health professionals using telehealth in their practices to familiarize themselves with the guidelines, position statements, and recommendations from their professional organizations/societies and incorporate them into telehealth practice. While these operating procedures are written with a focus on care provided when both the provider and the patient are located in the United States, the general tenets are applicable to all pediatric telehealth.

The use of Electronic Health Records (EHRs) falls outside the scope of this document, except in the event that a pediatric virtual visit is initiated from within an EHR, Health Information Exchange, or patient portal, which does qualify as a pediatric telehealth encounter.

## Introduction

Children represent one of our most vulnerable populations, and as such, require special considerations when participating in telehealth encounters. Some services provided to adult patients by telehealth may not be easily adapted to or appropriate for pediatric patients due to physical factors (patient size), legal factors (consent, confidentiality), the ability to communicate and provide a history, developmental stage, unique pediatric conditions, and age-specific differences in both normal and disease states.<sup>2,3</sup> These operating procedures for pediatric telehealth aim to improve the overall telehealth experience for pediatric patients, providers, and patient families. **Telehealth holds particular promise in facilitating the management and coordination of care for medically complex children and those with chronic conditions, such as asthma, chronic lung disease, autism, diabetes, and behavioral health conditions.**

Through the use of telehealth, providers can provide appointment flexibility, increase access, promote continuity of care, and improve quality, either as a part of or as a complement to care delivered through the PCMH. Whether telehealth services are delivered through the PCMH or as a complement to it, telehealth providers **should** routinely communicate with a patient's primary care provider and any relevant specialists regarding a telehealth encounter. Telehealth providers **shall** have a standard mechanism in place to share secure documentation of the encounter with the PCMH in a timely manner.<sup>4</sup>

These operating procedures reference general telehealth operating principles that apply beyond pediatrics and that warrant particular emphasis, but they are not meant to serve as a comprehensive stand-alone guide to the development and operation of a telemedicine service. ATA has developed and published core standards for telehealth operations that provide overarching guidance for clinical, technical, and administrative standards.<sup>5</sup> The Pediatric Operating Procedures complement existing professional organization guidance from the American Academy of Pediatrics (AAP), American Psychological Association (APA), the American Association of Family Physicians (AAFP), and the Society of Adolescent Health and Medicine (SAHM).

## Patient Privacy and Confidentiality

Providers **shall** comply with all federal and individual state laws and regulations regarding child privacy, including but not limited to Children's Online Privacy Protection Act (COPPA), HIPAA, Health Information Technology for Economic and Clinical Health (HITECH), and Family Educational Rights and Privacy Act (FERPA).<sup>6-11</sup> All existing laws and regulations regarding patient privacy and confidentiality, including laws pertaining to protection of privacy when minors consent for their own healthcare, apply to telehealth encounters just as they do for traditional encounters; however, there may be additional language specifically for security of patient privacy and confidentiality when care is delivered through telehealth.

Policies and safeguards (technical, administrative, procedural, and environmental) **shall** be in place to protect patient privacy. If the provider is unable to maintain appropriate privacy during the encounter, due to factors on either the patient or provider side, the provider **should** consider terminating and/or referring the patient to another location.

If any telehealth encounter is to be recorded, providers **shall** be aware of state-specific laws regarding the recording of private conversations, and **shall** disclose to the patient and parent/legal representative that the encounter will be recorded and receive written consent for the recording. Providers **shall** be able to produce a copy of the recording for the patient/family upon their request in a timely manner and in accordance with their organizational policies.<sup>12</sup>

The transmission of medical images, particularly photographs, from one provider to another for the purpose of providing or coordinating patient care falls within the scope of telehealth practice. Any patient images **shall** be sent through secure, encrypted means of communication, and **shall** comply with all state and federal laws regarding the transmission of those images. The transmission of pediatric patient images, in particular, represents a special situation, which is subject to

numerous state and federal regulations regarding both private health information and child privacy.<sup>1</sup>

### Informed Consent

Before the initiation of a telemedicine encounter, except in the case of emergency, the provider or designee shall inform and educate the patient and/or legal representative about the nature of telemedicine service compared with in-person care, billing arrangements, and the relevant credentials of the distant site provider. The provider or designee should also include information about the timing of service, record keeping, scheduling, privacy and security, potential risks, mandatory reporting, and billing arrangements. Providers should consider whether consent for care is based on a specific condition, episode of care or a period of time. **The information shall be provided in simple language that can be easily understood by the patient and/or legal representative. The provider shall follow state-specific requirements for the use of translation services for consent, and the provider may utilize translation services as necessary for consent in the absence of such state-specific requirements.** These considerations are particularly important when discussing technical issues such as encryption or the potential for technical failure. As with in-person care, providers should also make an effort to obtain the assent of pediatric patients participating in telehealth services in a manner appropriate to their understanding.<sup>5,13</sup>

### AGE OF CONSENT

The age at which a person may lawfully consent to care can vary with the health condition at issue, the person's state of residence, or the state where the patient is at the time of the telemedical visit. Minors in all states have the right to consent to testing and treatment for a sexually transmitted disease (STD). In many states, minors also have the right to consent to: outpatient treatment for mental health issues; prenatal care; contraceptive services; and/or alcohol and substance abuse. The age of consent for these various conditions can vary not only among states, but also within a given state. For example, in one state the age of consent is 12 years for treatment for an STD and 14 years for substance abuse. The provider shall be aware of each state's rules in which the patient is physically located for that visit. In certain environments, additional elements of consent may need to be considered.<sup>8</sup>

### PATIENT VERIFICATION

Verification of providers and patients should follow the ATA Core Operational Guidelines.<sup>5</sup> Pediatric patients may be verified by patient site presenters that may or may not be the parent and or legal representative. Providers shall make ap-

propriate effort to confirm that patient receiving the services is the appropriate person.<sup>5</sup>

### EMERGENCY SERVICES

In certain limited emergency situations, as with in person care, the informed consent requirement may be waived. A healthcare professional's decision to treat combined with parental consent and patient assent (when appropriate) is the preferred scenario for the provider working in a medical emergency. When any one of those factors is absent or unclear, the healthcare provider shall be (1) knowledgeable of state and federal laws related to a minor's right (or lack thereof) to consent for testing and treatment and (2) prepared to confront the ethical challenges surrounding those same issues.

### Special Considerations and Environments

#### SCHOOL HEALTH SERVICES

When a school system directly contracts with a healthcare provider or the provider is employed by the school system, FERPA regulations shall apply to confidentiality and privacy issues.<sup>14</sup> Both HIPAA and FERPA regulations may apply to telehealth encounters that occur in schools, and specific policies for these services shall be developed at the local level through memorandums of understanding or other contractual arrangement between the healthcare provider and the school system.

There is a wide range of staffing models for School Health Services, which impacts how telehealth services can and should be provided in a school setting.<sup>15</sup> Comprehensive guidance on the intersection between school health services and telehealth is beyond the scope of this guidance. However, specific guidance on school-based telehealth services should be developed.

#### SCHOOL-BASED HEALTH CENTERS

Before the initial School-based Health Centers (SBHC) telemedicine encounter, parents/legal representatives shall sign consent forms allowing students to be seen and treated.<sup>16</sup> Medical history and medical home information should be obtained at this time. The scope of telehealth services provided at the specific SBHC should be outlined in the enrollment forms and considered a part of the services provided by the SBHC. Parental involvement in visits should also be outlined in this document.

In addition to the signed consent, the telehealth presenter should attempt to gain verbal consent before any encounter occurs. Parents should be allowed to participate in the encounter.

SBHCs face additional privacy challenges due to the intersection of HIPAA and FERPA regulations.<sup>10,11,15</sup> School nurses and their records are governed by FERPA.<sup>15</sup> Clinical care provided in a SBHC is covered by HIPAA.<sup>10,11</sup> When information needs to be shared between the school and the SBHC, written parental consent outlining what information may be shared and why it will be shared **shall** be obtained. Such situations include: (1) the school nurse serving as the telehealth presenter, (2) informing the school of a child's diagnosis and his/her ability to return to class, and (3) collaborating with school employees to effectively treat a condition (e.g., discussing the efficacy of Attention-Deficit/Hyperactivity Disorder medications with a classroom teacher). SBHC personnel **shall** understand the intersection of HIPAA and FERPA in the context of patient care.<sup>17</sup>

### ABUSE

In the evaluation of child abuse and/or sexual abuse, state child protective rules supersede individual HIPAA and FERPA regulations for consent. Images captured for the evaluation of child abuse and/or sexual abuse **shall** follow store-and-forward guidance for safety, security, privacy, storage, and transmissions, as well as institutional policies.

### Patient Safety

Providers **shall** comply with relevant standards for each clinical situation, as determined by state medical boards and regulatory agencies, in both the state where the provider is located and the state where the patient is located, just as they would for an in-person encounter. The provider **shall** have enough evidence from the history, physical exam, and/or an established prior patient relationship to make an appropriate clinical decision. If the provider is unable to comply with the standard of care for diagnosis and management in any clinical situation, due to technical limitations or provider comfort level, the provider **shall** refer the patient for additional evaluation where they can receive the appropriate standard of care, whether that is an in-person encounter or a telehealth encounter that is not subject to the specific limitations.

Providers of telehealth **shall meet the same standards for communication between patient and provider**, and between provider and other organizations (including the PCMH), as those for in-person encounters, including a mechanism for any needed follow-up after the conclusion of the encounter.

For inpatient and emergency department consultations, the telehealth provider **shall** make available relevant clinical reports to the originating site in a timely manner and in a format that the originating site can incorporate into the patient's medical record.

The presenter or their designee **should** have the ability to gather, securely store, and securely transmit all required data before or at the time of the encounter, including but not limited to consents, demographics, laboratory studies, and/or patient vital signs.

### Parental/Legal Representative Presence

Except when telehealth is provided as a means of managing certain limited pediatric medical emergencies, telehealth providers **shall** have a mechanism in place (e.g., contact information to allow immediate contact with parent/legal representative in the event of an emergency and for prompt communication with the results of the encounter) to communicate with the parent or legal representative of a minor patient before a telehealth encounter.<sup>18</sup> See Patient Privacy and Confidentiality and Informed Consent sections for additional guidance on information to be provided, patient privacy, and age of consent.

A parent/legal representative **may** participate in the encounter either in person or remotely, unless the pediatric patient is legally authorized to consent to his/her own care. If a parent is not physically present at the originating site, and would like to participate in the examination, the option to join **may** be put in place to allow the parent to participate through telephone, multipoint video, etc.

If the parent is present during an examination, whether in person or remotely, there **shall** be provisions in place to confirm that parents/legal representatives leave the room during confidential parts of the history and examination, as directed by state-specific guidelines for minor confidentiality, the provider's discretion, and the nature of the visit.

If the parent or legal representative is asked to leave and is unwilling, the provider **should** be prepared to address the unwillingness and/or end the visit. In some cases, the pediatric patient may feel uncomfortable without the parent or legal representative present or request that the parent or legal representative remain in the room. This **should** be addressed similar to in person visits.<sup>19</sup>

In cases where a telepresenter is present for the encounter, the telepresenter can help confirm appropriate privacy for the patient, including asking and assisting the parent/legal representative in leaving the room or suspending their participation in the encounter electronically and bringing them back or calling them back at the appropriate time. The provider **may** document the participants in the encounter, and **should** document any participant's refusal to leave the room when requested.

### Emergency Contingencies

All telehealth services **should** include a triage plan to assess if the encounter is appropriate for the capabilities of that telehealth

service, and a mechanism in place to refer the patient to an appropriate provider in the event that telehealth is determined not to be appropriate at any point during the encounter.

All telehealth services **shall** include an established emergency response plan in place for all telehealth encounters which is consistent with the capabilities of the originating site and utilizes the established emergency protocols at that location.<sup>20</sup>

Appropriate emergency supplies to intervene in the event of an unexpected emergency situation **shall** be available. Appropriate emergency supplies can vary depending on type of location, patient population, and type of encounter.<sup>20</sup>

In the event of an emergency, the telehealth provider **should**, if safe and feasible, stay on-line with the patient until transfer of care can be given to the team assuming care.

### **Mobile Devices**

Mobile devices used for clinical purposes **shall** require authentication for access to them, as well as timeout thresholds and protections when lost or misplaced. Mobile devices **should** be kept in the possession of the provider when traveling or in an uncontrolled environment. Unauthorized persons **shall not** be allowed access to sensitive information stored on the device or use the device to access sensitive applications or network resources. Providers **should** have the capability to remotely disable or wipe their mobile device in the event it is lost or stolen.

When using a mobile device (including laptops, tablets, cell phones, and other devices), the provider **should** use cameras and audio equipment which meet the standards outlined in the ATA Core Guidelines.<sup>5</sup> Devices **shall** have up-to-date antivirus software and a personal firewall installed. Providers' portable devices **should** have the latest security patches and updates applied to the operating system and any third-party applications.

Applications used on mobile devices **should** be verified as medical grade and secured in accordance with existing privacy guidelines. Providers **should not** participate in telehealth services utilizing mobile devices unless they are certain that the applications and technology conform to the same security and privacy standards that apply to all telehealth devices.

In the event that mobile device videoconferencing applications allow multiple concurrent patient encounters to be open simultaneously, providers **shall** be aware of the potential security, privacy, and confidentiality risks created by those applications, including inadvertent disclosure of protected health information, and safeguard against those risks.

Patient images **should not** be sent through standard texting applications on mobile devices. Providers **should not** store medical images on personal mobile devices. Images of children may be subject to specific regulations related to privacy and sharing. Particular care **shall** be taken to provide confidentiality

and appropriate chain of custody of these images, especially for photo documentation of cases of child abuse. Image resolution projected on a device **shall** be adequate for diagnosis.<sup>5</sup> Please refer to ATA Core Telehealth Guidelines for additional guidance on the use of mobile devices for telehealth services.<sup>5</sup>

### **Clinical Encounter**

Telehealth encounters **shall** be structured with consideration to privacy, consent, and environments as outlined elsewhere in these operating procedures.

### **EQUIPMENT**

Equipment used for provision of pediatric telehealth services **should** be appropriate to the age, size, and developmental stage of the child, including size, comfort, accuracy, and validity of measurements.

Telehealth services **shall** follow relevant standards for the diagnosis and management of any condition addressed, as determined by state medical boards and regulatory agencies in both the state where the provider is located and the state where the patient is located. The standards are the same for telehealth services as for in-person services. In cases where the standard of care includes the use of specific examination devices or tests for diagnosis, then these devices and tests **shall** either be utilized in the telehealth encounter, or the provider **shall** refer the patient to a provider or location with access to the necessary examination or testing devices so that the patient can be appropriately evaluated before the prescription of medications or other treatment for the management of that condition.<sup>21</sup>

For any telehealth encounter, there **shall** be at least one party to the encounter who is capable of operating all involved equipment in accordance with the specifications for the use of that equipment. Providers **should** be aware that the use of some equipment in children may pose unique challenges relating to patient cooperation, size, comfort, and technique, and should be comfortable with the use of all involved equipment in children. Providers **shall** determine whether the quality of the device output and displayed images are sufficient for the diagnosis and/or management of the patient's condition.

Telehealth providers **shall** have a technical support plan and contingency plan in place in the event of technology or equipment failure during an encounter. Telehealth equipment and telecommunications **should** comply with medical grade security regulations and encryption guidelines.

Telehealth providers **may** consider use of headphones on both the patient and provider side of the consultation to improve patient privacy, provided this does not interfere with parent/legal representative interaction or facilitator presence during the encounter.

## ENVIRONMENT

*At the telehealth provider site.* The provider shall minimize distraction, background noise, and other environmental conditions that may affect the quality of the encounter. The environment shall meet standards for privacy and confidentiality. Personal health information, not specific to the patient being examined, shall not be visible.

The provider shall guide the patient or facilitator as needed on means of providing privacy at the patient end. The provider shall have a process for verifying who is present on the patient end and who joins or leave the encounter

*At the patient site.* The patient or facilitator should identify an appropriate space for the patient encounter. Ideally, the space should be large enough to comfortably accommodate the patient, up to two parents or legal representatives, and a telepresenter, along with necessary examination equipment. If present, the parent/legal representative should also be able to see any monitors or clinical information that is visible to the patient, and to be seen on camera by the remote provider. Such spaces should be compliant with the American Disability Act (ADA) and the recommendations from the ATA's telepresenting guidelines.

The patient or facilitator should make the telehealth provider aware of all persons present on the patient end and notify the provider of anyone who enters or leaves the encounter. No personal health information not specific to the patient being examined should be visible.

*Presenters and Facilitators.* See the ATA's Expert Consensus Recommendations for Videoconferencing-Based Telepresenting for more detailed guidance on telepresenting and facilitation.<sup>22</sup> Telehealth providers should provide training for telepresenters and telefacilitators consistent with this or other comparable guidance.

*Clinical Patient Presenters.* The provider shall determine if the telehealth encounter is appropriate for diagnosis and management of specific clinical conditions. This includes the qualification and skill of the presenter.

In a clinical setting, the presenter shall be trained on how to manage a telehealth encounter, including how to share all required documents to the provider in a HIPAA-compliant manner. Presenters should be trained on the use and limitations of pediatric-specific equipment.

The presenter should facilitate the introduction of all parties present for the encounter. In a clinical setting, if a presenter is asked to leave the room, the presenter should instruct the patient/parent/legal representative on how to notify the presenter to reenter the encounter.

*Nonclinical Facilitators.* The provider shall determine if the telehealth encounter is appropriate for diagnosis and management of specific clinical conditions. This includes the qualification and skill of the facilitator. Providers should be aware that facilitators may not be clinically trained. Therefore, any patient data should be considered self-reported. It may be the responsibility of the facilitator to facilitate introduction of all parties present for the encounter.

*Provider Considerations.* Providers should only provide services to pediatric patients through telehealth within the scope of their appropriate practice for in person encounters. Providers shall have the necessary education, training/orientation, licensure, and ongoing continuing education/professional development, to command the necessary pediatric knowledge and competencies for safe provision of quality pediatric services in their specialty area.<sup>5</sup>

Telehealth providers shall maintain professional licensure to practice in the state in which the patient is located at the time of the telehealth encounter.<sup>5</sup> Telehealth providers shall be credentialed and privileged to provide pediatric services in accordance with local, state, and federal regulations at both the jurisdiction (site) in which they are practicing as well as at the jurisdiction (site) in which the patient is receiving care. Providers shall follow relevant practice guidance developed by the specialty societies as they relate to both in-person and telehealth practice.

When diagnostic exams or tests are ordered, the provider or their designee shall follow up on the results, share with the patient/family and the patient-centered medical home/primary providers as well, to treat or refer patient based on results.

All participating providers in a telehealth entity or organization shall be appropriately supervised for their specific scope of practice, in accordance with local, state, and federal regulations. Supervisors are also considered telehealth providers for the purposes of these operating procedures.

The provider or designee shall set appropriate expectations regarding the telehealth encounter, including, for example, prescribing policies, scope of service, communication, and follow-up. To reduce the risk of overprescribing, the provider shall follow evidence-based guidelines and all federal, state, and local regulations. Prescribing in connection to a pediatric telehealth encounter is not equivalent to online pharmacy services *per se*. However, telehealth providers who are prescribing shall be familiar with the federal Controlled Substances Act (CSA) (U.S. Code Title 21) and other relevant state and federal regulations.<sup>23</sup>

*Legal and Regulatory Considerations.* Providers shall follow federal, state, and local regulatory and licensure requirements related to their scope of practice and shall abide by state board

and specialty training requirements. Providers shall practice within the scope of their licensure and shall observe all applicable state and federal legal and regulatory requirements.

Providers should be aware if the patient is physically located in a jurisdiction in which the provider is duly licensed and credentialed. Providers should document the patient's physical location at the time of the telehealth encounter. If the patient is not located at a known originating site, then the provider should document the patient's stated location in the medical record.

Special considerations that may vary by state for pediatrics include, but are not limited to: consent, parental presence, requirements for establishing a physician-patient relationship, prescribing, prescribing controlled substances, handling of images, and age of majority.

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### Disclosure Statement

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