

Updated: September 16, 2008

**Federation of State Medical Boards  
Staff Summary  
Internet Prescribing Language By State**

**ALABAMA STATE BOARD OF MEDICAL EXAMINERS**

*Rules Chapter 540-X-9.11 Contact with Patients before Prescribing. April 21, 2000.*

(1) It is the position of the Board that prescribing drugs to an individual the prescriber has not personally examined is usually inappropriate. Before prescribing a drug, the physician should make an informed medical judgment based on the circumstances of the situation and on his or her training and experience. Ordinarily, this will require that the physician personally perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan, a part of which might be a prescription. This process must be documented appropriately.

(2) Prescribing for a patient whom the physician has not personally examined may be suitable under certain circumstances. These may include, but not be limited to, admission orders for a patient newly admitted to a health care facility, prescribing for a patient of another physician for whom the prescriber is taking call, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment. Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice.

(3) It is the position of the Board that prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate and unprofessional.

<http://www.alabamaadministrativecode.state.al.us/docs/mexam/index.html>

**ALASKA STATE MEDICAL BOARD**

*Alaska Administrative Code, Title 12, Part 1, Chapter 40, Article 6, Section 967*

Unprofessional Conduct

For purposes of AS 08.64.240 (b) and AS 08.64.326, "unprofessional conduct" means an act or omission by an applicant or licensee that does not conform to the generally accepted standards of practice for the profession for which the applicant seeks licensure or a permit under AS 08.64 or which the licensee is authorized to practice under AS 08.64.

"Unprofessional conduct" includes the following:

(27) providing treatment, rendering a diagnosis, or prescribing medications based solely on a patient-supplied history that a physician licensed in this state received by telephone, facsimile, or electronic format;

[http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=\[jump!3A!2712+aac+40!2E967!27\]/doc/{@49839}?](http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=[jump!3A!2712+aac+40!2E967!27]/doc/{@49839}?)

*Alaska Administrative Code, Title 12, Part 1, Chapter 40, Article 6, Section 975*

Prescribing controlled substances.

When prescribing a drug that is a controlled substance, as defined in AS 11.71.900, an individual licensed under this chapter shall create and maintain a complete, clear, and legible written record of care that includes, at a minimum,

- (1) a patient history and evaluation sufficient to support a diagnosis;
- (2) a diagnosis and treatment plan for the diagnosis;

- (3) monitoring the patient for the primary condition that necessitates the drug, side effects of the drug, and results of the drug, as appropriate;
- (4) a record of drugs prescribed, administered, or dispensed, including the type of drug, dose, and any authorized refills.

[http://www.legis.state.ak.us/cgi-](http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=[jump!3A!2712+aac+40!2E975!27]/doc/{@49847}?)

[bin/folioisa.dll/aac/query=\[jump!3A!2712+aac+40!2E975!27\]/doc/{@49847}?](http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=[jump!3A!2712+aac+40!2E975!27]/doc/{@49847}?)

## **ARIZONA MEDICAL BOARD**

*Substantive Policy Statement #12, Internet Prescribing, December 2006*

The Arizona Medical Board ("Board") issues this Substantive Policy Statement to provide guidance and education to physicians on the law regarding the use of the Internet in the physician-patient relationship.

Prior to prescribing any medication or device a physician must obtain a reliable medical history, conduct an appropriate physical examination, and establish a proper diagnosis for the medication or device being prescribed. A physician cannot rely on a questionnaire submitted over the Internet to meet these requirements.

<http://www.azmd.gov/Regulatory/policy/SPS12.pdf>

*Arizona Revised Statutes, Title 32, Chapter 13, Article 1, Definitions*

26. "Unprofessional conduct" includes the following, whether occurring in this state or elsewhere:

(ss) Prescribing, dispensing or furnishing a prescription medication or a prescription-only device as defined in section 32-1901 to a person unless the licensee first conducts a physical examination of that person or has previously established a doctor-patient relationship. This subdivision does not apply to:

(i) A physician who provides temporary patient supervision on behalf of the patient's regular treating licensed health care professional.

(ii) Emergency medical situations as defined in section 41-1831.

(iii) Prescriptions written to prepare a patient for a medical examination.

(iv) Prescriptions written or prescription medications issued for use by a county or tribal public health department for immunization programs, emergency treatment, in response to an infectious disease investigation, public health emergency, infectious disease outbreak or act of bioterrorism. For the purposes of this item, "bioterrorism" has the same meaning as prescribed in section 36-781.

<http://www.azleg.state.az.us/ars/32/01401.htm>

## **ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY**

*Arizona Revised Statutes, Title 32, Chapter 17, Article 3, Regulation*

For the purposes of this chapter, "unprofessional conduct" includes the following acts, whether occurring in this state or elsewhere:

48. Prescribing, dispensing or furnishing a prescription medication or a prescription-only device to a person if the licensee has not conducted a physical examination of that person or has not previously established a physician-patient relationship. This paragraph does not apply to emergencies.

49. If a licensee provides medical care by computer, failing to disclose the licensee's license number and the board's address and telephone number.

<http://www.azleg.state.az.us/FormatDocument.asp?inDoc=/ars/32/01854.htm&Title=32&DocType=ARS>

## **ARKANSAS STATE MEDICAL BOARD**

*Arkansas Code 17-92-1004. Requirements for Internet sales.*

(a) A pharmacy shall not sell, dispense, distribute, deliver, or participate in the sale, dispensing, distribution, or delivery of any prescription-only drug to any consumer in this state through an Internet site or by electronic mail unless:

(1) All Internet sites and electronic mail used by the person for purposes of sales or delivery of a prescription-only drug are in compliance with all requirements of federal law applicable to the site or electronic mail;

(2)(A) The pharmacy that sells, dispenses, distributes, or delivers the prescription-only drug is in compliance with all requirements of relevant state law.

(B) The pharmacy shall be properly regulated by the Arkansas State Board of Pharmacy to engage in the practice of pharmacy pursuant to § [17-92-101](#) et seq;

(3)(A) The pharmacy, if a foreign entity, is registered with the Secretary of State and is in compliance with all requirements for foreign corporations provided in any applicable state law.

(B) Nothing in this subdivision (a)(3) shall be construed to authorize any corporation to engage in the practice of medicine contrary to any applicable Arkansas law; and

(4) Any practitioner who sells, dispenses, distributes, or delivers the prescription-only drug is in compliance with all requirements of relevant state law.

(b) Any practitioner who writes a prescription order through an Internet site or electronic mail for a consumer physically located in this state who is not an established patient shall be licensed by the applicable licensing board and in compliance with all applicable laws.

<http://170.94.58.9/NXT/gateway.dll?f=templates&fn=default.htm&vid=blr:code>

## **MEDICAL BOARD OF CALIFORNIA**

*Internet Prescribing: Ordering prescriptions through the Internet? Buyer beware!*

Ordering drugs without a relationship with a physician is potentially dangerous. By law, prescription drugs must be prescribed by a physician. There is good reason for this, as drugs should only be prescribed after an examination is performed and the cause of the problem or condition is diagnosed. On-line "consultations" cannot, with any certainty, provide enough information to make a verifiable diagnosis.

Many of the sites offering prescriptions for drugs are operating illegally. In California, the law requires that physicians and pharmacists be licensed, and that physicians perform a physical exam prior to prescribing drugs. It is generally impossible for consumers to determine the licensing status of the physician or pharmacist by the information on Internet pharmacy Web sites. In addition, many sites only require a questionnaire and do not verify the most basic facts needed for physicians to prescribe pharmaceuticals safely.

<http://www.medbd.ca.gov/buyerbeaware.htm>

Business and Professions Code Section 2242

2242. (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without a good faith prior examination and medical indication therefor, constitutes unprofessional conduct.

(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.

(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refilling.

(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code.

<http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=32709824051+0+0+0&WAIAction=retrieve>

*Business and Professions Code Section 4067*

4067. (a) No person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in Section 4022, on the Internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination of a human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to a good faith prior examination of a human or animal, or if the person or entity did not act in accordance with Section 1761 of Title 16 of the California Code of Regulations.

(b) Notwithstanding any other provision of law, a violation of this section may subject the person or entity that has committed the violation to either a fine of up to twenty-five thousand dollars (\$25,000) per occurrence pursuant to a citation issued by the board or a civil penalty of twenty-five thousand dollars (\$25,000) per occurrence.

(c) The Attorney General may bring an action to enforce this section and to collect the fines or civil penalties authorized by subdivision (b).

(d) For notifications made on and after January 1, 2002, the Franchise Tax Board, upon notification by the Attorney General or the board of a final judgment in an action brought under this section, shall subtract the amount of the fine or awarded civil penalties from any tax refunds or lottery winnings due to the person who is a defendant in the action using the offset authority under Section

12419.5 of the Government Code, as delegated by the Controller, and the processes as established by the Franchise Tax Board for this purpose. That amount shall be forwarded to the board for deposit in the Pharmacy Board Contingent Fund.

(e) Nothing in this section shall be construed to permit the unlicensed practice of pharmacy, or to limit the authority of the board to enforce any other provision of this chapter.

(f) For the purposes of this section, "good faith prior examination" includes the requirements for a physician and surgeon in Section 2242 and the requirements for a veterinarian in Section 2032.1 of Title 16 of the California Code of Regulations.

<http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=32729625486+0+0+0&WAIAction=retrieve>

## **OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA**

Same law.

## **COLORADO BOARD OF MEDICAL EXAMINERS**

*Policy 40-9: Guidelines Regarding Prescribing for Unknown Patients. November 16, 2003.*

It is the position of the Colorado Board of Medical Examiners that it is unprofessional conduct for a physician to provide treatment and consultation recommendations, including issuing a prescription, via electronic or other means, unless the physician has obtained a history and physical evaluation of the patient adequate to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided.

Before prescribing a drug, a physician should make an informed medical judgment based on the circumstances of the situation and on his/her training and experience. Ordinarily, this will require that the physician perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan, a part of which might be a prescription. A patient record should be initiated, and this process documented appropriately.

Prescribing for a patient whom the physician has not personally examined may or may not be suitable under certain circumstances. These may include, but may not be limited to, admission orders for a newly hospitalized patient, prescribing for a patient of another doctor for whom the physician is taking call, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment. Established patients may not require a new history and physical examination for each new prescription, however, charting of the prescription in the patient record is always required.

<http://www.dora.state.co.us/medical/Policy40-9.htm>

## **DELAWARE**

### 2008 HB 454

Enacts the Safe Internet Pharmacy Act. Defines patient-practitioner relationship with respect to prescribing drugs for a patient, a practitioner must conduct at least one in-person medical evaluation of the patient and performed a medical history and physical examination sufficient to establish a diagnosis and to identify underlying conditions of, or contraindications to, the treatment recommended or provided; or personally knows the patient and the patient's general health status through an existing patient-practitioner relationship; or provides treatment in consultation with or upon referral of another practitioner who has an existing patient-practitioner relationship with the patient and who has agreed to supervise the patient's treatment, including follow-up care and use of the prescribed medications. States that an Internet pharmacy shall not sell, dispense, distribute or deliver any prescription drug to a Delaware patient unless the practitioner is a licensed practitioner who has a patient-practitioner relationship with the patient. An Internet

pharmacy owner, practitioner, or pharmacist who knowingly violates this act is guilty of a felony and shall be fined not less than \$2,500 nor more than \$25,000 for each offense. Signed by Governor 7/21/2008.

## **DISTRICT OF COLUMBIA BOARD OF MEDICINE**

*DC Board of Medicine Medical Board Newsletter. "Information for the Medical Community and the Public." 10/01/1998.*

**PRESCRIBING REMINDER.** History and Physical Required. The D.C. Board of Medicine recently received a letter from Pfizer, Inc. that expressed concern about advertisements on the Internet and elsewhere for Viagra, a prescription medication. In view of this development, the Board wishes to remind D.C. licensees that the accepted standard of care requires that a physician complete a history and physical before prescribing any medication to a patient.

## **FLORIDA BOARD OF MEDICINE**

*64B8-9.014 Standards for Telemedicine Prescribing Practice. September 14, 2003.*

(1) Prescribing medications based solely on an electronic medical questionnaire constitutes the failure to practice medicine with that level of care, skill, and treatment which is recognized by reasonably prudent physicians as being acceptable under similar conditions and circumstances, as well as prescribing legend drugs other than in the course of a physician's professional practice.

(2) Physicians and physician assistants shall not provide treatment recommendations, including issuing a prescription, via electronic or other means, unless the following elements have been met: (a) A documented patient evaluation, including history and physical examination to establish the diagnosis for which any legend drug is prescribed. (b) Discussion between the physician or the physician assistant and the patient regarding treatment options and the risks and benefits of treatment. (c) Maintenance of contemporaneous medical records meeting the requirements of Rule 64B8-9.003, F.A.C.

(3) The provisions of this rule are not applicable in an emergency situation. For purposes of this rule an emergency situation means those situations in which the prescribing physician or physician assistant determines that the immediate administration of the medication is necessary for the proper treatment of the patient, and that it is not reasonably possible for the prescribing physician or physician assistant to comply with the provision of this rule prior to providing such prescription.

(4) The provisions of this rule shall not be construed to prohibit patient care in consultation with another physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including the use of any prescribed medications, nor on-call or cross-coverage situations in which the physician has access to patient records.

<http://fac.dos.state.fl.us/faconline/chapter64.pdf>

*Revised Statutes Chapter 465 Pharmacy, Effective July 1, 2004.*

465.03 Definitions--As used in this chapter, the term:

5. The term "Internet pharmacy" includes locations not otherwise licensed or issued a permit under this chapter, within or outside this state, which use the Internet to communicate with or obtain information from consumers in this state and use such communication or information to fill or refill prescriptions or to dispense, distribute, or

otherwise engage in the practice of pharmacy in this state. Any act described in this definition constitutes the practice of pharmacy as defined in subsection (13).

[http://www.flsenate.gov/Statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App\\_mode=Display\\_Statute&Search\\_String=&URL=CH0465/Sec003.HTM](http://www.flsenate.gov/Statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=&URL=CH0465/Sec003.HTM)

465.016 Disciplinary Actions.

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(s) Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined by s. 465.003(14) or s. 893.02(20) when the pharmacist knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship.

[http://www.flsenate.gov/Statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App\\_mode=Display\\_Statute&Search\\_String=&URL=CH0465/Sec016.HTM](http://www.flsenate.gov/Statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=&URL=CH0465/Sec016.HTM)

465.023 Pharmacy permittee; disciplinary action--

(1) The department or the board may revoke or suspend the permit of any pharmacy permittee, and may fine, place on probation, or otherwise discipline any pharmacy permittee who has:

(e) Dispensed any medicinal drug based upon a communication that purports to be a prescription as defined by s. 465.003(14) or s. 893.02(20) when the pharmacist knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship that includes a documented patient evaluation, including history and a physical examination adequate to establish the diagnosis for which any drug is prescribed and any other requirement established by board rule under chapter 458, chapter 459, chapter 461, chapter 463, chapter 464, or chapter 466.

[http://www.flsenate.gov/Statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App\\_mode=Display\\_Statute&Search\\_String=&URL=CH0465/Sec023.HTM](http://www.flsenate.gov/Statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=&URL=CH0465/Sec023.HTM)

## **FLORIDA BOARD OF OSTEOPATHIC MEDICINE**

*64B15-14.008 Standards for Telemedicine Practice. October 16, 2001.*

(1) Prescribing medications based solely on an electronic medical questionnaire constitutes the failure to practice osteopathic medicine with that level of care, skill, and treatment which is recognized by reasonably prudent osteopathic physicians as being acceptable under similar conditions and circumstances, as well as prescribing legend drugs other than in the course of an osteopathic physician's professional practice. Such practice shall constitute grounds for disciplinary action pursuant to Sections 459.015(1)(x) and (t), F.S.

(2) Osteopathic Physicians shall not provide treatment recommendations, including issuing a prescription, via electronic or other means, unless the following elements have been met: (a) A documented patient evaluation, including history and physical examination, adequate to establish the diagnosis for which any drug is prescribed. (b) Sufficient dialogue between the osteopathic physician and the patient regarding treatment options and the risks and benefits of treatment. (c) Maintenance of contemporaneous medical records meeting the requirements of Rule 64B15-15.004, F.A.C.

(3) The provisions of this rule are not applicable in an emergency situation. For purposes of this rule an emergency situation means those situations in which the prescribing physician determines that the immediate administration of the medication is necessary for the proper

treatment of the patient, and that it is not reasonably possible for the prescribing physician to comply with the provision of this rule prior to providing such prescription.

(4) The provisions of this rule shall not be construed to prohibit patient care in consultation with another physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including the use of any prescribed medications, nor on-call or cross-coverage situations in which the physician has access to patient records.  
<http://fac.dos.state.fl.us/faconline/chapter64.pdf>

Same laws.

## **GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS**

*Rules 360-3-.02 Unprofessional Conduct Defined. February 13, 2002.*

360-3-.02 Unprofessional Conduct Defined. Amended. O.C.G.A. §§ 43-1-19 and 43-34-37 authorize the Board to take disciplinary action against licensees for unprofessional conduct. "Unprofessional conduct" shall include, but is not limited to, the following:

(6) Providing treatment and/or consultation recommendations via electronic or other means unless the licensee has performed a history and physical examination of the patient adequate to establish differential diagnoses and identify underlying conditions and/or contraindications to the treatment recommended. This shall not prohibit a licensee who is on call or covering for another licensee from treating and/or consulting a patient of such other licensee.

<http://www.medicalboard.state.ga.us/pdfs/360-3.pdf>

## **HAWAII BOARD OF MEDICAL EXAMINERS**

### **2008 SB 1487**

States that to establish a physician-patient relationship, the treating physician or the physician's designated member of the health care team, must at a minimum personally perform a face-to-face history and physical examination of the patient, make a diagnosis and formulate a therapeutic plan, discuss with the patient the diagnosis or treatment, and ensure the availability of appropriate follow-up care. States that it is unlawful for any person subject to this act except a pharmacist, to administer, prescribe, or dispense any controlled substance without a bona fide physician-patient relationship. Signed by Governor 6-17-08.

## **IDAHO STATE BOARD OF MEDICINE**

*Section 54-1733. Validity of Prescription Drug Orders*

(1) A prescription or drug order for a legend drug is not valid unless it is issued for a legitimate medical purpose arising from a prescriber-patient relationship which includes a documented patient evaluation adequate to establish diagnoses and identify underlying conditions and/or contraindications to the treatment. Treatment, including issuing a prescription or drug order, based solely on an online questionnaire or consultation outside of an ongoing clinical relationship does not constitute a legitimate medical purpose.

<http://www3.state.id.us/oasis/H0611.html>

## **INDIANA HEALTH PROFESSIONS BUREAU**

*844 IAC 5-3-1 Rule 3. Appropriate Use of the Internet in Medical Practice. October 2003.*

Sec. 2. A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to the treatment recommended or provided, must be obtained prior to providing treatment, including issuing prescriptions, electronically or otherwise.

Sec. 3. Treatment, including issuing a prescription, based solely on an on-line questionnaire or consultation is prohibited.

<http://www.in.gov/legislative/iac/T08440/A00050.PDF>

*844 IAC 5-4-1 Rule 4. Prescribing to Persons Not Seen by the Physician. October 2003.*

Sec. 1. (a) Except in institutional settings, on-call situations, cross-coverage situations, and situations involving advanced practice nurses with prescriptive authority practicing in accordance with standard care arrangements, as described in subsection (d), a physician shall not prescribe, dispense, or otherwise provide, or cause to be provided, any controlled substance to a person who the physician has never personally physically examined and diagnosed.

(b) Except in institutional settings, on-call situations, cross-coverage situations, and situations involving advanced practice nurses with prescriptive authority practicing in accordance with the requirements of IC 25-23-1-19.4 and 848 IAC 5, as described in subsection (d), a physician shall not prescribe, dispense, or otherwise provide, or cause to be provided, any legend drug that is not a controlled substance to a person who the physician has never personally physically examined and diagnosed unless the physician is providing care in consultation with another physician who has an ongoing professional relationship with the patient, and who has agreed to supervise the patient's use of the drug or drugs to be provided.

<http://www.in.gov/legislative/iac/T08440/A00050.PDF>

*Indiana Administrative Code 25-26-18.*

IC 25-26-18

Chapter 18. Mail Order and Internet Based Pharmacies

IC 25-26-18-1

"Mail order or Internet based pharmacy" defined

Sec. 1. As used in this chapter, "mail order or Internet based pharmacy" means a pharmacy that is located in Indiana or is a nonresident pharmacy (as defined in IC 25-26-17-2) that dispenses prescription drugs:

- (1) through the United States Postal Service or other delivery services; or
- (2) after receiving a request for prescription drugs through the Internet; to patients in Indiana.

As added by P.L.231-1999, SEC.17.

IC 25-26-18-2

Compliance with laws required

Sec. 2. A mail order or Internet based pharmacy shall comply with the following:

- (1) The licensure laws of the state in which the mail order or Internet based pharmacy is domiciled.
- (2) The drug substitution laws of Indiana.

As added by P.L.231-1999, SEC.17.

<http://www.ai.org/legislative/ic/code/title25/ar26/ch18.html>

## KENTUCKY BOARD OF MEDICAL LICENSURE

*Kentucky Board of Medical Licensure Newsletter, Winter 2002. Internet Prescribing.*

The prescribing and dispensing of medications via the Internet has created complex regulatory challenges for state medical boards in protecting the public. Accepted standards of medical practice must be upheld regardless of means of communication or delivery of health care services. Consumers obtaining prescriptions, medications, and/or medical treatments from Internet web sites without an adequate evaluation by a physician pose an immediate threat to the public health and safety.

For the past year, the KBML has been studying this problem. In order to adequately protect the public health, safety and welfare, the Board has taken the position that prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in Internet prescribing, is inappropriate and unprofessional.

To ensure the public is adequately protected, the Board is proposing changes in the Medical Practice Act requiring physicians to establish and maintain a proper physician-patient relationship. An on-line or telephonic evaluation by questionnaire is inadequate for the initial evaluation or for the personal follow-up evaluation. The Board feels a valid physician/patient relationship cannot be established without an initial face-to-face evaluation by a health care professional.

<http://www.state.ky.us/agencies/kbml/winter2002.pdf>

*Kentucky Revised Statutes 311.597 Acts declared to constitute dishonorable, unethical, or unprofessional conduct.*

As used in KRS 311.595(9), "dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public or any member thereof" shall include but not be limited to the following acts by a licensee:

(1) Prescribes or dispenses any medication:

(e) In response to any communication transmitted or received by computer or other electronic means, when the licensee fails to take the following actions to establish and maintain a proper physician-patient relationship:

1. Verification that the person requesting medication is in fact who the patient claims to be;
2. Establishment of a documented diagnosis through the use of accepted medical practices; and
3. Maintenance of a current medical record.

For the purposes of this paragraph, an electronic, on-line, or telephonic evaluation by questionnaire is inadequate for the initial evaluation of the patient or for any follow-up evaluation.

<http://www.lrc.state.ky.us/KRS/311-00/597.PDF>

*Kentucky Revised Statutes 315.0351 Out-of-state pharmacy -- Permit -- Requests for information -- Records --Toll-free telephone service -- Pharmacist on duty -- Requirements for out-of-state pharmacy doing business through the Internet.*

(9) Any out-of-state pharmacy doing business, primarily or exclusively by use of the Internet shall, prior to obtaining a permit, receive and display in every medium in which it advertises itself a seal of approval for the National Association of Boards of Pharmacy certifying that it is a Verified Internet Pharmacy Practice Site (VIPPS). VIPPS certification shall be maintained and remain current.

<http://www.lrc.ky.gov/krs/315%2D00/0351.pdf>

## LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

*Statement of Position. Internet/Telephonic Prescribing. May 24, 2000.*

The order of or prescription for medication constitutes a treatment determination which can have critical implications for the patient. Prescribing or authorizing the dispensation of medication in the absence of an appropriate physical examination and physician-patient contact is contraindicated. In most circumstances such conduct is very likely to cause harm to unwittingly and inappropriately diagnosed patients who are required to engage in self-assessment. Yet, such is precisely the nature of the practice employed by entrepreneurs' touting the availability of certain medications and even controlled substances without the "bother" of ever seeing or speaking with a physician. In the Board's view, it is unlawful for a physician to prescribe medication, treatment or a plan of care generally if the physician has not examined the patient and established a diagnostic basis for such therapy. Thus, in Louisiana, dispensing or

prescribing medication in the absence of a physician-patient relationship represents conduct which is inconsistent with the prevailing and usually accepted standards of care and may be indicative of professional or medical incompetency. A physician establishes a physician-patient relationship by:

- § verifying that the person requesting the medication is in fact who they claim to be;
- § conducting an appropriate examination of the patient;
- § establishing a diagnosis through the use of accepted medical practices, *i.e.*, a patient history, mental status, examination, physical examination and appropriate diagnostic and laboratory testing;
- § discussing with the patient the diagnosis, risks and benefits of various treatment options; and
- § insuring the availability for appropriate follow-up care.

As in all physician-patient interactions, the issuance of a prescription or order for medication must be documented in an adequate medical record, which includes the rationale for the medication prescribed. For these reasons, an online or telephonic evaluation by questionnaire for an individual that a physician has never seen is inadequate. A Louisiana licensed physician who participates in such activities, by ordering medication for dispensation to individuals who are residents of or located in this or another state, moreover, would be subject to administrative sanctions, including revocation of licensure. Perhaps more significant, it has long been the Board's formally-stated position that any diagnosis, prescription, recommendation or administration of treatment, so as to effect the diagnosis or treatment for or with respect to an individual who is a resident of or located in Louisiana, constitutes the "practice of medicine" in this state, as defined by the Louisiana Medical Practice Act. As matter of law, to be valid, effective and lawful, each prescription or order for medication must be issued or given by an authorized practitioner (*i.e.*, a Louisiana licensed physician) with respect to an individually identified patient, based on the practitioner's examination and diagnosis of the patient. This is necessarily so because the Medical Practice Act restricts the practice of medicine to persons possessing a license issued by the Board. An individual who issues a prescription or orders medication for an individual who is a resident of or located in Louisiana, who does not possess a Louisiana medical license or other authorization to practice medicine in this state, is necessarily engaged in the unauthorized practice of medicine in contravention of the Medical Practice Act. Participants and entities engaged in such misconduct are subject to investigation, civil injunction, monetary fines and penalties. Such individuals may also be referred by the Board to the

Louisiana Attorney General or an appropriate district attorney for criminal prosecution and incarceration for up to five (5) months for *each* such offense.

<http://www.lsbme.org/documents/positionstatements/InternetTelephonicPrescribing.pdf>

## **MAINE BOARD OF LICENSURE IN MEDICINE**

*Board Policy. Internet Prescribing. November 12, 2002.*

It is the policy of the Board of Licensure in Medicine that prescribing, dispensing or furnishing a prescription medication or device to a person who is not an established patient and whom the physician has not personally examined may be unprofessional conduct subject to disciplinary action pursuant to 32 MRSA, §3282-A, 2, (f). This rule does not apply to admission orders for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is providing coverage, or continuing medication on a short-term basis prior to a new patient's first appointment. Prescribing medications based solely on answers to a questionnaire or a consult over the Internet for a patient the physician has never met is inappropriate and unprofessional conduct. Physicians providing care and/or treatment to patients in Maine must be licensed in Maine.

<http://www.docboard.org/me/polinternetprescribing.doc>

## **MAINE BOARD OF OSTEOPATHIC LICENSURE**

*Board Policy Regarding: Internet Prescribing. June 12, 2003.*

Adopts FSMB Model Guidelines for the Appropriate Use of the Internet in Medical Practice.

The Board has adopted the following guidelines for physicians utilizing the Internet in the delivery of patient care:

### Evaluation of the Patient

A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided, must be obtained prior to providing treatment, including issuing prescriptions, electronically or otherwise.

### Treatment

Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional (face-to-face) settings. Treatment, including issuing a prescription, based solely on an online questionnaire or consultation does not constitute an acceptable standard of care.

## **MARYLAND STATE BOARD OF PHYSICIANS**

*Board of Physician Quality Assurance Newsletter. Internet Prescribing: Does It Meet The Standard of Care? (We don't think so!) Spring 1999.*

With the rapid expansion of access to the internet in recent years, it is not too surprising that this wonderful tool brings a new set of issues to licensing authorities. Licensing boards across the country have been dealing with the practice of "telemedicine" and have taken positions about whether this type of practice will require full or limited licensure of physicians who utilize this technology. The issue each board has to decide is where the

practice of medicine is occurring when the patient is in one state and the doctor is elsewhere in cyberspace. The Federation of State Medical Boards has taken the position that: "The practice of medicine occurs where the patient is." Thus, an out-of-state doctor using telemedicine to diagnose and treat a patient residing in Maryland would have to have a Maryland license or be acting as a consultant to a Maryland physician who has a bona fide doctor/patient relationship with the patient. Maryland physicians also should remember that if they practice medicine on patients elsewhere in cyberspace they are practicing in Maryland. And now another issue has presented. Web sites have sprung up which advertise the availability of prescription medications on-line. No prescription? No problem. For a fee, an on-line consultation is available. The patient fills out a questionnaire which asks a number of health related questions. The questionnaire is submitted to the medical consultant and if the patient is approved, the patient is then assessed a fee for the consultation (generally \$75) and the desired medication is subsequently provided by mail. All one needs is a credit card and the "right" answers, and medication is speeding on its way to his or her home in a "plain naked mailer." The BPQA has serious concerns about this practice. Let's say the patient wants a drug like Viagra. Is an on-line questionnaire about the patient's past medical history really a medical consultation? Does a bona fide doctor/patient relationship exist when a person, previously unknown to the consultant, provides subjective answers to such questions as: "Do you have a heart disease?" Would a physician providing prescription medications to a patient based on a questionnaire be meeting the standard of care? In February, the Federation of State Medical Boards (FSMB) participated in a meeting sponsored by the Food and Drug Administration to discuss on-line prescribing and sale of prescription medications. The FSMB attended to convey concern on behalf of state medical boards that engaging in Internet prescribing may be falling below acceptable standards of care, and may be endangering the health of individuals for whom they are prescribing. The BPQA will be monitoring internet sites which advertise the availability of prescription medications after an on-line consultation. Any doctor providing the consultation or prescribing for a patient in Maryland who is not licensed in Maryland can be subject to up to a \$50,000 fine for practicing medicine without a license. Doctors licensed in Maryland can expect their on-line prescribing to be subjected to peer review. Anyone with information about on-line consultation leading to prescription medications should contact the BPQA by phone at 1-800-492-6836, or by e-mail at [BPQA@EROLS.COM](mailto:BPQA@EROLS.COM).  
[http://www.bpqa.state.md.us/pages/march\\_1999.html](http://www.bpqa.state.md.us/pages/march_1999.html)

*Board of Physicians Newsletter, Spring 2005*

#### INTERNET PRESCRIBING

The personal computer has had a profound effect on all aspects of American society, including the practice of medicine. Computers are used for administrative tasks such as scheduling and accounting, providing consumers with general health information, and facilitating direct communication between physician and patients. There are, however, some inappropriate applications of computer technology.

One inappropriate application is prescribing over the Internet if the physician does not know the patient. In some cases, a patient fills a questionnaire online; the information in that questionnaire is all the physician knows about the patient. The physician has never talked with, or examined the patient. The Maryland Board of Physicians does not believe that a physician is meeting the standard of quality care if the physician prescribes for an unknown patient over the Internet. The Board strongly advises you to steer clear, if you are approached to participate in such an arrangement.

<http://www.mbp.state.md.us/forms/spring05.pdf>

## MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE

*Prescribing Practices Policy and Guidelines. August 1, 1989. Amended December 12, 2001.*

Internet Prescriptions. As discussed in detail below, a prescription to be legally valid must be issued within the context of a physician-patient relationship under circumstances in which the physician has conformed to certain minimum norms and standards for the care of patients, such as taking an adequate medical history and conducting an appropriate physical examination. Prescribing over the internet while deviating from these requirements is therefore unlawful.

<http://www.massmedboard.org/regs/pdf/prescribe2.pdf>

*Policy 03-06. Internet Prescribing. December 17, 2003.*

This statutory language sets forth the minimum requirements that must be met in order for a prescription to be valid in the Commonwealth. To satisfy the requirement that a prescription be issued by a practitioner in the usual course of his professional practice, there must be a physician-patient relationship that is for the purpose of maintaining the patient's well-being and the physician must conform to certain minimum norms and standards for the care of patients, such as taking an adequate medical history and conducting an appropriate physical and/or mental status examination and recording the results. Issuance of a prescription, by any means, including the internet or other electronic process, that does not meet these requirements is therefore unlawful.

[http://www.massmedboard.org/regs/pdf/03-06\\_internet\\_prescribing.pdf](http://www.massmedboard.org/regs/pdf/03-06_internet_prescribing.pdf)

## MICHIGAN BOARD OF MEDICINE

*PUBLIC HEALTH CODE (EXCERPT), Act 368 of 1978*

*333.17751 Dispensing prescription drug; requirements. Sec. 17751.*

(1) A pharmacist shall not dispense a drug requiring a prescription under the federal act or a law of this state except under authority of an original prescription or an equivalent record of an original prescription approved by the board.

(2) A pharmacist may dispense a prescription written and signed or transmitted by facsimile, electronic transmission, or other means of communication by a physician prescriber in a state other than Michigan, but not including a prescription for a controlled substance as defined in section 7104 except under circumstances described in section 17763(e), only if the pharmacist in the exercise of his or her professional judgment determines all of the following:

- (a) That the prescription was issued pursuant to an existing physician-patient relationship.
- (b) That the prescription is authentic.
- (c) That the prescribed drug is appropriate and necessary for the treatment of an acute, chronic, or recurrent condition.

(3) A pharmacist or a prescriber shall dispense a prescription only if the prescription falls within the scope of practice of the prescriber.

(4) A pharmacist shall not knowingly dispense a prescription after the death of the prescriber or patient.

[http://www.legislature.mi.gov/\(S\(ben0l0j0kyr3qz45fkqmf24\)\)/mileg.aspx?page=GetObject&objectname=mcl-333-](http://www.legislature.mi.gov/(S(ben0l0j0kyr3qz45fkqmf24))/mileg.aspx?page=GetObject&objectname=mcl-333-)

[17751&queryid=22987001&highlight=prescription%20AND%20for%20AND%20a%20AND%20controlled%20AND%20substance](#)

*State of Michigan, Department of Community Health, Internet Prescribing and Prescriptions Statement, December 2003*

The Michigan Board of Pharmacy, the National Association of Boards of Pharmacy, and the Federation of State Medical Boards all consider prescriptions issued pursuant only to an Internet questionnaire to be invalid. There is no existing physician-patient relationship when the physician and patient have not interacted except on the basis of an online questionnaire.

For the past year, the Bureau of Health Professions has been contacted by a number of Michigan pharmacies inquiring about this practice after they have been contacted by Internet operators. The Internet operator keeps the majority of the profit while the pharmacy, pharmacist and physician are disciplined by their professional licensing boards. If you are contacted by an Internet operator, you should be aware that you may be participating in a transaction that is not legal in Michigan.

Some of these Internet operators will avoid prescriptions for controlled substances in order to steer clear of the Drug Enforcement Administration (DEA), but that will not prevent the appropriate licensing board from sanctioning your professional license.

If you have questions about Internet prescriptions, you may contact the Bureau of Health Professions, Health Investigation Division at (517) 373-1737.

[http://www.michigan.gov/documents/mdch/mdch\\_MAPS\\_internetpharmacywarning\\_212390\\_7.pdf](http://www.michigan.gov/documents/mdch/mdch_MAPS_internetpharmacywarning_212390_7.pdf)

## **MICHIGAN BOARD OF OSTEOPATHIC MEDICINE AND SURGERY**

Same law

## **MINNESOTA**

### 2008 SB 2941

States that a prescription or drug order for specified drugs is not valid unless it can be established that the prescription or order was also based on a documented patient evaluation, including an examination, adequate to establish a diagnosis and identify underlying conditions and contraindications to treatment. Signed by Governor 5/15/2008.

## **MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**

*Policy Statement IV. Internet Prescribing. May 18, 2000.*

Essential components of proper prescribing and legitimate medical practice requires that the physician obtains a thorough medical history and conducts an appropriate physical examination before prescribing any medication for the first time. Exceptions to this circumstance that would be permissible may include, but not be limited to: admission orders for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is taking call, or continuing medication on a short term basis for a new patient prior to the patient's first appointment. Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice. It

is the position of the Mississippi State Board of Medical Licensure that prescribing drugs to individuals that the physician has never met and based solely on answers to a set of questions, as is found in Internet or toll-free telephone prescribing is inappropriate, fails to meet a basic standard of care that potentially places patients health at risk and could constitute unprofessional conduct punishable by disciplinary action.

<http://www.msbl.state.ms.us/regulations/2004%20policy%20book.pdf>

## **MISSOURI STATE BOARD OF REGISTRATION FOR THE HEALING ARTS**

*Revised Statutes Chapter 334 Section 010*

334.010. 1. It shall be unlawful for any person not now a registered physician within the meaning of the law to practice medicine or surgery in any of its departments, to engage in the practice of medicine across state lines or to profess to cure and attempt to treat the sick and others afflicted with bodily or mental infirmities, or engage in the practice of midwifery in this state, except as herein provided.

2. For the purposes of this chapter, the "practice of medicine across state lines" shall mean:

(1) The rendering of a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or physician's agent; or

(2) The rendering of treatment to a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or physician's agent.

3. A physician located outside of this state shall not be required to obtain a license when:

(1) In consultation with a physician licensed to practice medicine in this state; and

(2) The physician licensed in this state retains ultimate authority and responsibility for the diagnosis or diagnoses and treatment in the care of the patient located within this state; or

(3) Evaluating a patient or rendering an oral, written or otherwise documented medical opinion, or when providing testimony or records for the purpose of any civil or criminal action before any judicial or administrative proceeding of this state or other forum in this state; or

(4) Participating in a utilization review pursuant to section 376.1350, RSMo.

<http://www.moga.state.mo.us/statutes/C300-399/3340000010.HTM>

## **NEBRASKA BOARD OF MEDICINE AND SURGERY**

*Policy. January 28, 2001.*

It is unprofessional conduct for a physician to initially prescribe drugs to an individual without first establishing a proper physician-patient relationship. A proper relationship, at a minimum, requires that the physician make an informed medical judgment based on the circumstances of the situation and on his/her training and experience. This will require that the physician: 1. Personally perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan. This process must be documented appropriately; and 2. Discuss with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment option; and 3. Insure the availability of the physician or coverage for the patient for appropriate follow-up care.

Prescribing for a patient whom the physician has not personally examined may be suitable under certain circumstances. These may include, but not be limited to: 1. Admission orders for a newly hospitalized patient; 2. Prescribing for a patient of another physician for whom the prescriber is taking call; 3. Prescribing for a patient examined by a licensed advanced practice registered nurse, physician assistant or other advanced practice practitioner authorized by law and supervised by a physician; or 4. Continuing medication on a short-term basis for a new patient prior to the patient's first appointment.

Prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in internet or toll-free telephone prescribing, is inappropriate and unprofessional.

## **NEVADA STATE BOARD OF MEDICAL EXAMINERS**

*Statement of Position, Newsletter Volume 23, April 2000*

### **BOARD'S POSITION ON THE PRESCRIBING OF VIAGRA (REPRINT FROM OCTOBER 1998 BOARD NEWSLETTER)**

At its August 22, 1998 meeting, the board considered the matter of the prescribing of Viagra. The board has determined that it is inappropriate for a physician licensed in the state of Nevada to prescribe Viagra to a patient without personally conducting an appropriate physical examination of the patient.

<http://www.medboard.nv.gov/newsletters/vol23.htm>

*Revised Statutes Chapter 453.3611-453.3648*

NRS 453.3643 Unlawful acts relating to issuance of prescription; circumstances under which practitioner or person licensed by another jurisdiction is prohibited from prescribing prescription drug; aiding unlawful act prohibited; penalties; multiple punishments authorized.

1. A practitioner who is located within this state shall not prescribe a prescription drug for another person located within or outside this state if:

(a) The practitioner has not physically examined the other person within the 6 months immediately preceding the date on which the prescription is issued; and

(b) The practitioner knows or has reasonable cause to believe that an illegal Internet pharmacy will fill the prescription or otherwise use the prescription to deliver or cause, allow or aid in the delivery of the prescription drug to the other person.

2. A practitioner who is located outside this state and who knows or has reasonable cause to believe that another person is located within this state shall not prescribe a prescription drug for the other person if:

(a) The practitioner has not physically examined the other person within the 6 months immediately preceding the date on which the prescription is issued; and

(b) The practitioner knows or has reasonable cause to believe that an illegal Internet pharmacy will fill the prescription or otherwise use the prescription to deliver or cause, allow or aid in the delivery of the prescription drug to the other person.

3. A person who is located outside this state, who is licensed by another jurisdiction to prescribe prescription drugs and who knows or has reasonable cause to believe that another person is located within this state shall not prescribe a prescription drug for the other person if:

(a) The person has not physically examined the other person within the 6 months immediately preceding the date on which the prescription is issued; and

(b) The person knows or has reasonable cause to believe that an illegal Internet pharmacy will fill the prescription or otherwise use the prescription to deliver or cause, allow or aid in the delivery of the prescription drug to the other person.

4. A person shall not knowingly aid another person in any act or transaction that violates the provisions of this section.

5. Except as otherwise provided in subsection 6, a practitioner or any other person who violates the provisions of this section is guilty of a category C felony and shall be punished as provided in NRS 193.130.

6. A practitioner or any other person who violates the provisions of this section is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 3 years and a maximum term of not more than 15 years, and may be further punished by a fine of not more than \$100,000, if the substance or drug involved:

(a) Is classified in schedule I; or

(b) Proximately causes substantial bodily harm to or the death of the intended recipient of the substance or drug or any other person.

7. The court shall not grant probation to or suspend the sentence of a practitioner or any other person punished pursuant to subsection 6.

8. A practitioner or any other person may be prosecuted, convicted and punished for a violation of this section whether or not the practitioner or person is prosecuted, convicted or punished for violating any other specific statute based upon the same act or transaction.

<http://www.leg.state.nv.us/NRS/NRS-453.html#NRS453Sec3611>

## **NEVADA STATE BOARD OF OSTEOPATHIC EXAMINERS**

Same law.

## **NEW HAMPSHIRE BOARD OF MEDICINE**

### 2008 HB 1396

Requires prescriptions to be ordered pursuant to a practitioner-patient relationship, and defines the practitioner-patient relationship as a medical connection between a licensed practitioner and a patient that includes an in-person exam, a history, a diagnosis, a treatment plan appropriate for the licensee's scope of practice, and documentation of all prescription drugs including name and dosage. It also states it shall be unlawful for any person to knowingly obtain, or attempt to obtain, a prescription for a controlled substance without having formed a valid practitioner-patient relationship. It shall be a prohibited act within the controlled drug act to submit an electronic or online medical history form that fails to establish a valid practitioner-patient relationship. Signed by Governor 6/16/2008.

### *Guidelines for Physician Internet and Telephone Prescribing, April 7, 2004*

There must be an appropriate relationship between the patient and the physician before a prescription is written and dispensed. A documented patient evaluation, including history and physical examination, adequate to establish diagnoses and identify underlying conditions and/or contraindications to the treatment recommended or provided, must be obtained prior to providing treatment, including issuing prescriptions electronically or otherwise.

Prescribing drugs to individuals the physician has never met, based solely on answers to a set of questions, as is common in Internet prescribing, is inappropriate and unprofessional. An

on-line or telephone evaluation by questionnaire is inadequate for the initial evaluation or for the personal follow-up evaluation. It is the position of the Board that prescribing drugs under such circumstances, without appropriate documentation of a history and physical examination; a diagnosis; and a formulated therapeutic plan, a part of which might be a prescription; shall be considered unprofessional conduct in violation of RSA 329:17, VI, and may be cause for discipline.

Furthermore, the advertising or offering by a physician, or permitting the physician's name or license to be used in such advertisement to provide any prescription in a manner that would violate the above guidelines shall be considered unprofessional conduct, in violation of RSA 329:17, VI, and may be cause for discipline.

The members of the NH Board of Medicine have interpreted that a sufficient examination in the establishment of a valid physician-patient relationship cannot take place without an initial face-to-face encounter with the patient. It requires at the minimum: 1) verifying the person requesting the medication is who they claim to be; 2) establishing a diagnosis through the use of acceptable medical practices, such as patient history, mental status exam, physical exam, and appropriate diagnostic and laboratory testing by the prescribing physician; 3) discussing with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; and 4) ensuring availability of the physician or coverage for the patient for appropriate follow-up care; (which usually includes a face-to-face encounter at least once a year and as often as is necessary to assure safe continuation of medication.) Complete management of a patient by Internet, e-mail, or other forms of electronic communication is inappropriate.

<http://www.nh.gov/medicine/summer2004.pdf>

*Revised Statutes Title XXX Chapter 318 Section 37*

Licensure of Pharmacies Section 318:37 Required; Compliance. –

I. No person shall conduct or operate a pharmacy for the sale at retail of drugs and medicines unless such pharmacy is registered with and a permit therefore has been issued by the pharmacy board, except as provided in this chapter.

II. (a) No person shall conduct or operate a mail-order pharmacy located outside of this state by shipping, mailing, or delivering prescription drugs into this state unless such pharmacy is registered in New Hampshire and a permit has been issued by the New Hampshire pharmacy board.

(b) To obtain a permit, a mail-order pharmacy shall comply with each of the following:

(1) Maintain a license in good standing from the state in which the mail-order pharmacy is located;

(2) Submit to the New Hampshire pharmacy board an application for registration as provided by the New Hampshire pharmacy board;

(3) Pay all appropriate registration fees;

(4) Submit to the New Hampshire pharmacy board a copy of the state pharmacy license from the state in which the mail-order pharmacy is located;

(5) Submit to the New Hampshire pharmacy board a copy of the state and federal controlled substance registrations from the state in which it is located, if controlled substances are to be shipped into this state.

<http://www.gencourt.state.nh.us/rsa/html/XXX/318/318-37.htm>

**NEW MEXICO MEDICAL BOARD**

*Title 16, Chapter 10, Part 8, Section 8. July 15, 2001.*

UNPROFESSIONAL OR DISHONORABLE CONDUCT. As defined in the Medical Practice

Act, Section 61-6-15,D,(29), “unprofessional or dishonorable conduct” includes, but is not limited to, the following:

L. prescribing drugs or medical supplies to a patient when there is no established physician-patient relationship, which would include at a minimum an adequate history and physical examination and informed consent, except for on-call physicians and physician assistants.

<http://www.state.nm.us/nmbme/pdffiles/part8.pdf>

## **NEW YORK STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT**

*Statements on Telemedicine, December 24, 2003*

The practice of telemedicine can be characterized as follows:

- The geographic separation between two or more participants and/or entities engaged in health care,
- The use of telecommunication and related technology to gather, store and disseminate health-related information, and
- The use of electronic interactive technologies to assess, diagnose and/or treat medical conditions.

All the current standards of care regarding the practice of medicine apply. The fact that an electronic medium is utilized for contact between parties or as a substitute for face-to-face consultation does not change the standards of care.

<http://www.health.state.ny.us/nysdoh/opmc/telemedicine.htm>

## **NORTH CAROLINA MEDICAL BOARD**

*Position Statement: Contact With Patients Before Prescribing, 11/99*

It is the position of the North Carolina Medical Board that prescribing drugs to an individual the prescriber has not personally examined is inappropriate except as noted in the paragraph below. Before prescribing a drug, a physician should make an informed medical judgment based on the circumstances of the situation and on his or her training and experience . Ordinarily, this will require that the physician personally perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan, a part of which might be a prescription. This process must be documented appropriately.

Prescribing for a patient whom the physician has not personally examined may be suitable under certain circumstances. These may include admission orders for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is taking call, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment. Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice.

It is the position of the Board that prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate and unprofessional.

<http://www.ncmedboard.org/contact.htm>

*General Statutes Chapter 90 Section 18*

§ 90-18. Practicing without license; practicing defined; penalties.

(a) No person shall practice medicine or surgery, or any of the branches thereof, nor in any case prescribe for the cure of diseases unless the person shall have been first licensed and registered so to do in the manner provided in this Article, and if any person shall practice medicine or surgery without being duly licensed and registered, as provided in this Article, the person shall not be allowed to maintain any action to collect any fee for such services. The person so practicing without license shall be guilty of a Class 1 misdemeanor.

(b) Any person shall be regarded as practicing medicine or surgery within the meaning of this Article who shall diagnose or attempt to diagnose, treat or attempt to treat, operate or attempt to operate on, or prescribe for or administer to, or profess to treat any human ailment, physical or mental, or any physical injury to or deformity of another person. A person who resides in any state or foreign country and who, by use of any electronic or other mediums, performs any of the acts described in this subsection, including prescribing medication by use of the Internet or a toll-free telephone number, shall be regarded as practicing medicine or surgery and shall be subject to the provisions of this Article and appropriate regulation by the North Carolina Medical Board.

[http://www.ncleg.net/Statutes/GeneralStatutes/HTML/BySection/Chapter\\_90/GS\\_90-18.html](http://www.ncleg.net/Statutes/GeneralStatutes/HTML/BySection/Chapter_90/GS_90-18.html)

## **STATE MEDICAL BOARD OF OHIO**

*Administrative Rules 4731-11-09 Prescribing to persons not seen by the physician.*

(A) Except in institutional settings, on call situations, cross coverage situations, situations involving new patients, protocol situations, and situations involving nurses practicing in accordance with standard care arrangements, as described in paragraphs (D) and (E) of this rule, a physician shall not prescribe, dispense, or otherwise provide, or cause to be provided, any controlled substance to a person who the physician has never personally physically examined and diagnosed.

(B) Except in institutional settings, on call situations, cross coverage situations, situations involving new patients, protocol situations, and situations involving nurses practicing in accordance with standard care arrangements, as described in paragraphs (D) and (E) of this rule, a physician shall not prescribe, dispense, or otherwise provide, or cause to be provided, any dangerous drug which is not a controlled substance to a person who the physician has never personally physically examined and diagnosed, except in accordance with the following requirements:

(1) The physician is providing care in consultation with another physician who has an ongoing professional relationship with the patient, and who has agreed to supervise the patient's use of the drug or drugs to be provided; and

(2) The physician's care of the patient meets all applicable standards of care and all applicable statutory and regulatory requirements.

<http://www.med.ohio.gov/rules/current/11-09.htm>

## **OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION**

*Policy on Internet Prescribing. November 2, 2000.*

The members of the Oklahoma Medical Board have interpreted that a sufficient examination and establishment of a valid physician/ patient relationship cannot take place without an initial face-to-face encounter with the patient. In other words, it requires at a minimum:

1. Verifying that the person requesting the medication is who they claim to be;
2. Establishing a diagnosis through the use of accepted medical practices such as a patient history, mental status exam, physical examination and appropriate diagnostic and laboratory testing by the prescribing physician;
3. Discussing with the patient, the diagnosis and the evidence for it, the risks and benefits of various treatment options; and
4. Insuring availability of the physician or coverage for the patient for appropriate follow-up care. Appropriate follow-up care includes a face-to-face encounter at least once a year and as often as it is necessary to insure safe continuation of medication.

Complete management of a patient by Internet, e-mail, or other forms of electronic communications is inappropriate.

[http://www.okmedicalboard.org/miscFunction.php?filename=Prescribing\\_on\\_the\\_Internet.htm](http://www.okmedicalboard.org/miscFunction.php?filename=Prescribing_on_the_Internet.htm)

## **OKLAHOMA BOARD OF OSTEOPATHIC EXAMINERS**

*Revised Statutes §59-622. License required - Submission to jurisdiction of courts - Employing hospitals not regarded as practitioners.*

B. 1. A person within or outside of this state who performs through electronic communications diagnostic or treatment services within the scope of practice of an osteopathic physician and surgeon for any patient whose condition is being diagnosed or treated within this state shall be licensed in this state, pursuant to the provisions of the Oklahoma Osteopathic Medicine Act. However, in such cases, a nonresident osteopathic physician who, while located outside this state, consults on an irregular basis with a physician who is located in this state is not required to be licensed in this state.

2. Any osteopathic physician licensed in this state who engages in the prescription of drugs, devices, or treatments via electronic means may do so only in the context of an appropriate physician/patient relationship wherein a proper patient record is maintained including, at the minimum, a current history and physical.

## **OREGON BOARD OF MEDICAL EXAMINERS**

*BME Report. Fall/Winter 2001. Page 3. On-Line Medical Practice.*

The Board of Medical Examiners does not believe that current Internet technology can be used as a substitute for a face-to-face meeting between the patient and physician or for a personal physical examination.

<http://www.bme.state.or.us/newsletter/FallWinter01.pdf>

## **SOUTH CAROLINA BOARD OF MEDICAL EXAMINERS**

*Statement on Internet Prescribing. July 2000.*

It is unprofessional conduct for a physician to initially prescribe drugs to an individual without first establishing a proper physician-patient relationship. A proper relationship, at a

minimum, requires that the physician make an informed medical judgment based on the circumstances of the situation and on his/her training and experience. This will require that the physician:

- (1) Personally perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan. This process must be documented appropriately; and
- (2) Discuss with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; and
- (3) Insure the availability of the physician or coverage for the patient for appropriate follow-up care.

Prescribing for a patient whom the physician has not personally examined may be suitable under certain circumstances. These may include, but not be limited to, admission orders for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is taking call, prescribing for a patient examined by a licensed advanced practice registered nurse, a physician assistant or other physician extender authorized by law and supervised by the physician, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment.

Prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate and unprofessional.

<http://www.llr.state.sc.us/POL/Medical/news/Medical%20News%20Jan%202001.pdf>

*Articles 1 and 3 of Chapter 47, Title 40, Section 40-47-113 of the 1976 Code, Enacted June 6, 2006.*

(A) It is unprofessional conduct for a licensee initially to prescribe drugs to an individual without first establishing a proper physician-patient relationship. A proper relationship, at a minimum, requires that the licensee make an informed medical judgment based on the circumstances of the situation and on the licensee's training and experience and that the licensee:

- (1) personally perform and document an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan;
- (2) discuss with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; and
- (3) ensure the availability of the licensee or coverage for the patient for appropriate follow-up care.

(B) Notwithstanding subsection (A), a licensee may prescribe for a patient whom the licensee has not personally examined under certain circumstances including, but not limited to, writing admission orders for a newly hospitalized patient, prescribing for a patient of another licensee for whom the prescriber is taking call, prescribing for a patient examined by a licensed advanced practice registered nurse, a physician assistant, or other physician extender authorized by law and supervised by the physician, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment.

(C) Prescribing drugs to individuals the licensee has never personally examined based solely on answers to a set of questions is unprofessional.

## **TENNESSEE BOARD OF MEDICAL EXAMINERS**

*Position Statement: Prerequisites to Prescribing or Dispensing Drugs-In Person, Electronically or Over the Internet. September 13, 2000.*

The Board of Medical Examiners hereby states its position on the interpretation of those laws in regards to the issuance of prescriptions or dispensing of drugs to be as follows:

(1) Except as provided in paragraph (2), it shall be a prima facie violation of T.C.A. 63-6-214 (b) (1), (4), and (12) for a physician to prescribe or dispense any drug to any individual, whether in person or by electronic means or over the Internet or over telephone lines, unless the physician has first done and appropriately documented, for the person to whom a prescription is to be issued or drugs dispensed, all of the following:

(a) Performed an appropriate history and physical examination; and  
(b) Made a diagnosis based upon the examinations and all diagnostic and laboratory tests consistent with good medical care; and  
(c) Formulated a therapeutic plan, and discussed it, along with the basis for it and the risks and benefits of various treatments options, a part of which might be the prescription or dispensing drug, with the patient; and (d) Insured availability of the physician or coverage for the patient for appropriate follow-up care.

(2) A physician may prescribe or dispense drugs for a person not in compliance with subparagraph (a) in circumstances including, but not limited to, the following:

(a) In admission orders for a newly hospitalized patient; and  
(b) For a patient of another physician for whom the prescriber is taking calls; and  
(c) For continuation medications on a short-term basis for a new patient prior to the patient's first appointment; and  
(d) For established patients who, based on sound medical practices, the physician feels does not require a new physical examination before issuing new prescriptions.

(3) It shall be a prima facie violation of T.C.A. 63-6-214 (b) (1), (4), and (12) for physician to prescribe or dispense any drug to any individual the physician has never met based solely on answers to a set of questions regardless of whether the prescription is issued directly to the person or electronically over the Internet or telephone lines.

<http://www2.state.tn.us/health/Downloads/g3010259.pdf>

## **TEXAS STATE BOARD OF MEDICAL EXAMINERS**

*Internet Prescribing Policy. December 8-11, 1999.*

It is unprofessional conduct for a physician to initially prescribe any dangerous drugs or controlled substances without first establishing a proper physician-patient relationship. A proper relationship, at a minimum, requires:

(1) verifying that the person requesting the medication is in fact who they claim to be;  
(2) establishing a diagnosis through the use of accepted medical practices such as a patient history, mental status exam, physical examination and appropriate diagnostic and laboratory testing;  
(3) discussing with the patient the diagnosis and the evidence for it, the risks and benefits of various treatment options; and  
(4) insuring availability of the physician or coverage for the patient for appropriate follow-up care.

An online or telephonic evaluation by questionnaire is inadequate.

<http://www.tsbme.state.tx.us/guidelines/ipp.htm>

*Board Rules Telemedicine 174.17 Use of the Internet in Medical Practice. April 27, 2003.*

(a) Evaluation of the Patient. Physicians who utilize the Internet must ensure a proper physician-patient relationship is established that at a minimum includes:

- (1) establishing that the person requesting the treatment is in fact who the person claims to be;
- (2) establishing a diagnosis through the use of acceptable medical practices such as patient history, mental status examination, physical examination, and appropriate diagnostic and laboratory testing to establish diagnoses and identify underlying conditions and/or contraindications to treatment recommended/provided;
- (3) discussing with the patient the diagnosis and the evidence for it, the risks and benefits of various treatment options; and
- (4) ensuring the availability of the physician or coverage of the patient for appropriate follow-up care.

(b) Treatment. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional (face-to-face) settings. An online or telephonic evaluation by questionnaire does not constitute an acceptable standard of care.

<http://www.tsbme.state.tx.us/rules/rules/174.htm>

*Occupations Code Chapter 106. General Regulatory Authority Regarding Health Care Practitioners Use Of Internet*

§ 106.001. EFFECT OF INTERNET ACTIVITY. (a) In this section:

(1) "Licensing authority" means a department, commission, board, office, or other agency of the state or a political subdivision of the state that regulates activities and persons under this title.

(2) "Internet" has the meaning assigned by Section 2002.001, Government Code.

(b) The fact that an activity occurs through the use of the Internet does not affect a licensing authority's power to regulate an activity or person that would otherwise be regulated under this title.

<http://www.capitol.state.tx.us/statutes/oc.toc.htm>

*Occupations Code Chapter 554. Board Powers and Duties; Rulemaking Authority Subchapter A. Powers and Duties*

§ 554.005. PRESCRIPTION DRUGS AND DEVICES. (a) In regulating the practice of pharmacy and the use in this state of prescription drugs and devices in the diagnosis, mitigation, or treatment or prevention of injury, illness, or disease, the board shall:

(4) adopt rules regulating a prescription drug order or medication order transmitted by electronic means

<http://www.capitol.state.tx.us/statutes/oc.toc.htm>

## **UTAH PHYSICIANS LICENSING BOARD**

*Code 58-1-501. Unlawful and unprofessional conduct.*

(1) "Unlawful conduct" means conduct, by any person, that is defined as unlawful under this title and includes:

(m) unless Subsection (4) applies, issuing, or aiding and abetting in the issuance of, an order or prescription for a drug or device:

(i) without first obtaining information in the usual course of professional practice, that is sufficient to establish a diagnosis, to identify conditions, and to identify contraindications to the proposed treatment; or

(ii) based on a questionnaire completed by the patient on the internet, or toll free telephone number when there exists no other bona fide patient-practitioner relationship or bona fide referral by a practitioner involved in an existing patient-practitioner relationship.

(3) Subsections (2)(m)(i) and (ii) do not apply to treatment rendered in an emergency, on-call, or cross coverage situation.

(4) Notwithstanding Subsections (1)(f) and (2)(m), the division may permit a person licensed to prescribe under this title to prescribe a legend drug to a person located in this state if the division in collaboration with the appropriate professional board has permitted the specific prescriptive practice of the legend drug by rule.

[http://www.le.state.ut.us/~code/TITLE58/htm/58\\_01028.htm](http://www.le.state.ut.us/~code/TITLE58/htm/58_01028.htm)

## **UTAH OSTEOPATHIC PHYSICIANS AND SURGEONS LICENSING BOARD**

Same law.

## **VIRGINIA BOARD OF MEDICINE**

*Code § 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.*

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, or by a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of this title. The prescription shall be issued for a medicinal or therapeutic purpose and may be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship.

For purposes of this section, a bona fide practitioner-patient-pharmacist relationship is one in which a practitioner prescribes, and a pharmacist dispenses, controlled substances in good faith to his patient for a medicinal or therapeutic purpose within the course of his professional practice. In addition, a bona fide practitioner-patient relationship means that the practitioner shall (i) ensure that a medical or drug history is obtained; (ii) provide information to the patient about the benefits and risks of the drug being prescribed; (iii) perform or have performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the examination of the patient shall have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription; and (iv) initiate additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. Any practitioner who prescribes any controlled substance with the knowledge that the controlled substance will be used otherwise than medically or for therapeutic purposes shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the distribution or possession of controlled substances.

B. In order to determine whether a prescription that appears questionable to the pharmacist results from a bona fide practitioner-patient relationship, the pharmacist shall contact the prescribing practitioner or his agent and verify the identity of the patient and name and

quantity of the drug prescribed. The person knowingly filling an invalid prescription shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the sale, distribution or possession of controlled substances.

No prescription shall be filled unless there is a bona fide practitioner-patient-pharmacist relationship. A prescription not issued in the usual course of treatment or for authorized research is not a valid prescription.

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+54.1-3303>

*Code § 54.1-3434.1. Nonresident pharmacies to register with Board.*

A. Any pharmacy located outside this Commonwealth which ships, mails, or delivers, in any manner, Schedule II through VI drugs or devices pursuant to a prescription into this Commonwealth shall be considered a nonresident pharmacy, shall be registered with the Board, and shall disclose to the Board all of the following:

1. The location, names, and titles of all principal corporate officers and all pharmacists who are dispensing prescription drugs or devices to residents of this Commonwealth. A report containing this information shall be made on an annual basis and within thirty days after any change of office, corporate officer, or principal pharmacist.
2. That it complies with all lawful directions and requests for information from the regulatory or licensing agency of the Commonwealth in which it is licensed as well as with all requests for information made by the Board pursuant to this section. The nonresident pharmacy shall maintain, at all times, a valid unexpired license, permit, or registration to conduct the pharmacy in compliance with the laws of the state in which it is a resident. As a prerequisite to registering with the Board, the nonresident pharmacy shall submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which it is located.
3. That it maintains its records of prescription drugs or dangerous drugs or devices dispensed to patients in this Commonwealth so that the records are readily retrievable from the records of other drugs dispensed and provides a copy or report of such dispensing records to the Board, its authorized agents, or any agent designated by the Superintendent of the Department of State Police upon request within seven days of receipt of a request.
4. That its pharmacists do not knowingly fill or dispense a prescription for a patient in Virginia in violation of § 54.1-3303.

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+54.1-3434.1>

## **WASHINGTON MEDICAL QUALITY ASSURANCE COMMISSION**

*Position on Internet Prescribing. Update. Winter 2001*

The standard of medical practice in the state of Washington requires a physician, when prescribing medication, to (1) verify that the person requesting the medication is in fact who he or she claims to be; (2) establish a diagnosis through the use of accepted medical practices such as a patient interview, physical examination, and appropriate ancillary testing; (3) discuss with the patient the diagnosis and the evidence for it, as well as the risks and benefits of various treatment options; (4) ensure availability of the physician to review the course and efficacy of the treatment to assess therapeutic outcome; and (5) maintain a contemporaneous medical record that is readily available to the patient and to other health care professionals.

The Commission recognizes exceptions in certain circumstances such as emergency, public health, or cross-coverage situations.

A physician who prescribes medication based solely on electronic communication via the Internet does not meet the standard of medical practice above. The Commission considers this practice unprofessional conduct pursuant to RCW 18.130.180(4), and subjects the physician to disciplinary action.

<https://fortress.wa.gov/doh/hpqa1/hps5/Medical/documents/2001marw.pdf>

*Guidelines for the Appropriate Use of the Internet in Medical Practice. October 11, 2002.*

A. Evaluation of the Patient

A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided, must be obtained prior to providing treatment, including issuing prescriptions, electronically or otherwise.

B. Treatment

Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional (face-to-face) settings. Treatment, including issuing a prescription, based solely on an online questionnaire or consultation does not constitute an acceptable standard of care.

<https://fortress.wa.gov/doh/hpqa1/hps5/Medical/internet.htm>

## **WEST VIRGINIA BOARD OF MEDICINE**

*Title 11, Legislative Rule, West Virginia Board of Medicine, Series 1A*

*Licensing and Disciplinary Procedures: Physicians, Podiatrists*

*11-1A-12. Causes for Denial, Probation, Limitation, Discipline, Suspension or Revocation of Licenses of Physicians and Podiatrists, April 15, 2004.*

12.2 Acts declared to constitute dishonorable, unethical or unprofessional conduct. As used in this rule at section 12.1e, "Dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public or any member thereof" includes, but is not limited to:

k. A practice of providing treatment recommendations relating to issuing prescriptions, via electronic or other means, for persons without establishing an on-going physician-patient relationship wherein the physician has obtained information adequate to support the prescription: Provided, That this definition does not apply: in a documented emergency; or in an on-call or cross coverage situation; or where patient care is rendered in consultation with another physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications.

<http://www.wvsos.com/csrdocs/worddocs/11-01A.doc>