
**SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**
Senator Aisha Wahab, Chair
2025 - 2026 Regular

Bill No:	SB 1002	Hearing Date:	March 23, 2026
Author:	Niello		
Version:	February 9, 2026		
Urgency:	No	Fiscal:	Yes
Consultant:	Anna Billy		

Subject: Out-of-state physicians and surgeons: telehealth: license exemption

SUMMARY: Revises the requirements for an eligible patient to receive telehealth from an eligible out-of-state physician and surgeon licensed in another state to practice medicine in this state without a license. Exempts the eligible patient from the clinical trial requirement, as specified.

Existing law:

- 1) Enacts the Medical Practice Act, which provides for the licensure and regulation of physicians and surgeons by the Medical Board of California (MBC). (Business and Professions Code (BPC) §§ 2000 *et seq.*)
- 2) Requires the MBC to issue a physician's and surgeon's certificate to an applicant that holds an unlimited license as a physician and surgeon in another state, or in a Canadian province, and that no disciplinary action has been taken against the applicant by any medical licensing authority and that the applicant has not been the subject of adverse judgments or settlements resulting from any evidence, as determined by the board, of negligence or incompetence. (BPC § 2135)
- 3) Requires the Osteopathic Medical Board of California (OMBC) to issue and osteopathic physicians and surgeon's certificate on reciprocity if the applicant holds an unlimited license in another state equivalent to content administered in California, and, among other requirements, that no disciplinary action has been taken against the applicant by any medical licensing authority and that the applicant has not been the subject of adverse judgements or settlements resulting from evidence, as determined by the board of negligence or incompetence. (BPC § 2153.5)
- 4) Prohibits any person who practices or attempts to practice, or who advertises or holds himself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical, or mental condition without having at the time of doing so a valid, unrevoked, or unsuspended certificate. (BPC § 2052)
- 5) Defines telehealth as the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Requires, before the delivery of health care via telehealth, the

health care provider initiating the telehealth to obtain verbal or written consent from the patient for the use of telehealth and requires that the consent be documented. Requires all laws regarding the confidentiality of health care information and a patient's rights to their medical information apply to telehealth. Requires all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider's license apply to the provider while providing telehealth services. (BPC § 2290.5)

- 6) Enacts the David Hall Act, which authorizes a physician and surgeon licensed in another state that uses criteria substantially similar to the criteria used by the MBC to practice medicine in this state, if the practice is limited to delivering health care via telehealth to a patient who has a disease or condition that is immediately life-threatening, the patient has not been accepted in a clinical trial nearest to their home within one week of completion of the clinical trial application process, or, in the medical judgement of a physician and surgeon it is unreasonable for the patient to participate due to the patient's current condition and stage of disease. Has documentation from their primary physician and surgeon and a consulting physician and surgeon attesting that they meet the aforementioned requirements. (BPC §§ 2052.5 et.seq)
- 7) Defines "eligible patient" as a person who has an immediately life-threatening disease or condition, has given written or informed consent, or if the person lacks the capacity to consent, their legally authorized representative has given written consent on their behalf, for the use of an eligible out-of-state physician and surgeon's telehealth healthcare services, and authorized the release of medical records to their primary physician and surgeon by the out-of-state physician. (BPC § 2052.5 (A-ii)).
- 8) Defines "immediately life-threatening disease or condition" as a stage of disease in which there is a reasonable likelihood that death will occur in a matter of months. (HSC § 111548.1 (d)).
- 9) Defines "eligible out-of-state physician and surgeon" as a person who is licensed as a physician and surgeon in another state in good standing with no history of prior discipline and whose medical expertise is that of the eligible patient's illness. (BPC § 2052.5(2))
- 10) "Primary physician and surgeon" means a physician and surgeon licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)) or an osteopathic physician and surgeon licensed under the Osteopathic Act. (Article 21 (commencing with Section 2450))
- 11) Authorizes an eligible out-of-state physician and surgeon to practice medicine in California without a license from the MBC if the practice is limited to delivering health care via telehealth to an eligible patient. (BPC § 2052.5 (b))
- 12) Specifies that "consulting physician" means a physician and surgeon licensed under the Medical Practice Act or an osteopathic physician and surgeon listed under the Osteopathic Act (HSC § 111548.1 (a))

This bill updates the definition of “eligible patient” for purposes of receiving physician care via telehealth to include a patient that has been diagnosed with an immediately life-threatening disease or condition that is now in remission and the patient is continuing care with the previously established out-of-state physician and surgeon, and would provide that the eligible patient is not subject to the clinical trial requirement, as specified.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by Legislative Counsel.

COMMENTS:

1. **Purpose.** This bill is sponsored by the California Senior Legislature. According to the author, “SB 1002 seeks to protect vulnerable patients from losing access to the out-of-state doctors essential to their long-term remission. By removing travel related barriers, this bill ensures that these survivors can maintain their health through continued telehealth follow-up care.
2. **Background.** All physicians and surgeons who practice in California are required to hold an active license from the MBC or the OMBC. Any health care provider providing telehealth to a patient in California are required to have an active license and uphold the same standards of practice whether in person or via telehealth. When providing telehealth services, the health care provider is required to obtain verbal or written informed consent from the patient and the consent must be documented, all laws regarding the confidentiality of the patient’s health care information, and the patient’s right to their medical information must be upheld pursuant to BPC section 2290.5.

Telehealth includes several components, one of which is online practice. MBC reported in its 2021 Sunset Report to the Legislature that one of the most frequent violations involved physicians and surgeons treating California patients via telehealth from another state without having a California license. MBC noted at that time that as technology has advanced, more complaints have been received regarding care provided via telehealth including complaints of unlicensed practice, inappropriate care, and the corporate practice of medicine. MBC advised that with future advances in technology, including applications available on electronic devices and more, this will continue to be an issue.

California patients are not currently prohibited from seeking services from physicians in another state if they do so in person in that other state or if they do so through a licensed physician in this state. Telehealth delivery across state lines has been a focus of recent discussion in several states. According to the Federation of States Medical Boards, as of June 2023 all state boards, plus the medical boards of District of Columbia, Puerto Rico, and the Virgin Islands, require that physicians engaging in telemedicine are licensed in the state in which the patient is located, or are registered in the state, if the state has a registry for interstate practice. Eight states issue a special purpose license, telemedicine license or certificate to practice telemedicine across state lines. Eight states require physicians to register or receive a waiver if they wish to practice across state lines. Four states offer pro bono, limited referral services, or extraterritorial licenses for interstate practice.

Two states allow for consultative services to be rendered across state lines. Alaska, for example, allows individuals with suspected or diagnosed life-threatening conditions, to be treated by an out-of-state physician if they have a referral from their Alaska-licensed physician, among other requirements. In Vermont, beginning on July 1, 2023, a health care professional who is not otherwise licensed, certified, or registered to practice in that state may obtain a Telehealth Registration to provide health care services in Vermont via telehealth to a total of not more than 10 unique patients or clients for a period of not more than 120 consecutive days from the date the Telehealth Registration was issued or practitioners may obtain a Telehealth License to provide healthcare services in Vermont via telehealth to a total of not more than 20 unique patients or clients located in Vermont during the two-year license term. Delaware allows practitioners licensed outside of the state to render services to Delaware patients by telemedicine so long as their license is in good standing in all jurisdictions in which they are licensed, not under investigation or subject to an administrative complaint, and they first obtain an interstate telehealth registration.

In Georgia, the medical board is authorized to issue telemedicine licenses to physicians who are licensed in other states who hold a full and unrestricted license to practice medicine in another state – the telemedicine license is limited to the practice of telemedicine and cannot be used to practice medicine physically in Georgia unless an emergency. Kansas registers physicians who apply for an receive a waiver to practice telemedicine to treat patients located in the state of Kansas.

The David Hall Act. In 2023, AB 1369 (Bauer-Kahan) created narrow circumstances authorizing an out-of-state eligible physician and surgeon to practice medicine in California without a license from the MBC if the practice is limited to delivering health care via telehealth to an eligible patient. Specifically, the criteria used in the other state that licensed the physician and surgeon must be similar to the criteria used by the Medical Board of California to practice medicine in this state. The eligible patient has a disease or condition that is immediately life threatening defined as a reasonable likelihood that death will occur with a matter of months. The patient has exhausted all other means of health care including participation in a clinical trial nearest their home, and that the primary physician and surgeon and the consulting physician and surgeon have attested that the patient meets the eligibility requirement. This prescriptive criteria was intended to provide specific specialty care to a patient with a rare terminal illness.

This bill's eligibility criteria mirrors that of AB 1369 with the exception of the requirement that the eligible patient have a terminal diagnosis and has been narrowly expanded to include a pre-existing patient who is now in remission from the original diagnosis of an immediately life-threatening condition or disease and seeks to continue to care with the established eligible out-of-state physician and surgeon; Exempts the eligible patient from the clinical trial requirement, as specified.

- 3. Related Legislation.** SB 508 (Valladares, 2025) was identical to this bill. (Status: *The bill did not advance from the Assembly Business and Professions Committee and was later amended to deal with an unrelated topic.*)

AB 1369, (Bauer Kahan, Chapter 837, Statutes of 2023) enacted the David Hall Act, permitting a physician and surgeon licensed in another state to practice medicine in this state if the practice is limited to delivering health care via telehealth to a patient who has an immediately life-threatening disease or condition.

AB 1668, (Calderon, Chapter 684, Statutes of 2016) enacted the Right to Try Act, permitting a manufacturer of a drug, biological product, or device that has not yet received FDA approval to make that product available to eligible patients with an immediately life-threatening condition.

- 4. Arguments in Support.** The California Senior Legislature writes, “When a disease enters remission, patients frequently require ongoing monitoring, medication management, and consultation with the very specialist who guided them through active treatment. For seniors, especially those with mobility limitations, compromised immune systems, or limited transportation options, telehealth is not simply a convenience, it is a lifeline. Disrupting an established physician-patient relationship at this critical stage can create medical risk, emotional stress, and avoidable health system costs. Our laws must evolve accordingly to support stability, access, and patient-centered care. SB 1002 is a modest but meaningful step toward ensuring that older adults can maintain trusted medical relationships without unnecessary disruption.”

According to the Pacific Legal Foundation, 60 Plus Association, American Association of Senior Citizens, ATA Action, Goldwater Institute, Institute for Justice, and R Street Institute, “SB 1002 offers a modest targeted fix allowing patients whose immediately life-threatening disease is now in remission to continue telehealth care with their previously established out-of-state physician. It preserves all existing safeguards in statute and prevents an arbitrary cutoff of care for patients who have already been deemed eligible, already established a relationship with an out-of-state specialist, and now need continuity, not disruption, in their follow-up care.”

The Association for Frontotemporal Degeneration writes, “Many Californians live with serious and rare conditions, including neurodegenerative diseases such as frontotemporal degeneration, and depend on highly specialized medical expertise that may not be available within the state. Even after the most intensive stage of treatment, patients often require ongoing follow-up and care from the same specialists who are familiar with their medical history. Current law can prevent patients whose conditions have stabilized from continuing telehealth visits with these providers, requiring them to travel out of state in-person care. For many individuals, particularly those with mobility, financial, or transportation challenges, this is simply not practical. SB 1002 helps address this gap and protects continuity of care.”

- 5. Arguments in Opposition.** The Medical Board of California writes, “Any eligible physician may obtain a license from the Board and be authorized to treat patients in

this state via telehealth. Also, current law authorizes an out-of-state physician to consult with a Board licensed physician provided they do not have ultimate authority over the care or primary diagnosis of a patient located in California. Licensure is a vital form of consumer protection and ensures that physicians practicing in California have met the relevant statutory requirements to treat patients in this state. Without the requirement for licensure, the Board would be unaware of those who are treating patients in this state and would be unable to take disciplinary action against a physician who fails to treat their California patients within the standard of care. The Board, however, recognizes the importance of supporting and maintaining access to care for patients, especially those with life-threatening conditions who seek care from medical experts from around the country. Prior discussions with your staff, and public comments from your sponsor and others were helpful. Although the Board has a position of Oppose on the current version of SB 1002, the Board wishes to collaborate with your office and attempt to develop statutory changes that support access while preserving appropriate consumer protections.”

The California Medical Association states, “One of the primary responsibilities of The Medical Board of California (MBC) is to protect the health care of consumers by ensuring physicians and surgeons are appropriately regulated to maintain high medical care standards. The MBC has a process for screening out-of-state physicians who wish to obtain a Temporary License including the following requirements: hold a current, active, unrestricted license to practice medicine in another U.S. state, district or territory; have no prior actions in any jurisdiction that would be grounds for denial, suspension, or revocation of a license under California law; and not having faced discipline by another licensing body or be the subject of an unresolved complaint, review, or disciplinary proceeding. The MBC’s requirement that out-of-state physicians who wish to practice medicine in California have no prior actions that would be grounds for discipline under California law is intended to keep California patients safe, as California can have stricter regulations than other states. As a result, any expansion to existing law allowing non-California licensed physicians to practice medicine in California should be met with extreme caution, since it circumvents this requirement. We propose the following amendment to BPC § 2052.5 to limit the scope of the bill:

*(b) Notwithstanding any other law, an eligible out-of-state physician and surgeon may practice medicine in the state if the practice is limited to delivering **medical opinion** health care via telehealth to an eligible patient and **does not include the ordering of any medical service, procedure, test or treatment, or the prescribing of a dangerous drug or dangerous device as defined in section 4022.***

We believe our proposed amendment would allow patients to dialogue with out-of-state physicians regarding medical opinions, such as receiving a second opinion, while protecting patients from a physician who would not be eligible to practice medicine under California law as a result of prior actions in other jurisdictions.”

SUPPORT AND OPPOSITION:

Support:

60 Plus Association

American Association of Senior Citizens

ATA Action

California Senior Legislature

Goldwater Institute for Public Policy Research

Institute for Justice

Pacific Legal Foundation

R Street Institute

The Association for Frontotemporal Degeneration

Opposition:

Medical Board of California

California Medical Association

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