
THIRD READING

Bill No: SB 1002
Author: Niello (R), et al.
Introduced: 2/9/26
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 9-0, 3/23/26
AYES: Wahab, Choi, Archuleta, Caballero, Grayson, Niello, Smallwood-Cuevas,
Strickland, Umberg
NO VOTE RECORDED: Arreguín, Menjivar

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

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

SOURCE: Author

DIGEST: This bill revises the requirements for an eligible patient to receive telehealth from an eligible out-of-state physician and surgeon licensed in another state.

ANALYSIS:

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 an osteopathic physician's 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) 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)
- 5) 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)
- 6) 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))

- 7) 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))
- 8) 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))
- 9) 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))

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.

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.

The David Hall Act. In 2023, AB 1369 (Bauer-Kahan, Chapter 837, Statutes of 2023) 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. The eligible patient must have a disease or condition that is immediately life

threatening with a reasonable likelihood that death will occur in a matter of months and they must have exhausted all other means of health care including participation in a clinical trial nearest their home.

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 care with the established eligible out-of-state physician and surgeon.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 4/13/26)

60 Plus Association
Als Association
American Association of Senior Citizens
Ata Action
California Academy of Family Physicians
California Senior Legislature
Goldwater Institute for Public Policy Research
Institute for Justice
Pacific Legal Foundation
R Street Institute
The Association of Frontotemporal Degeneration

OPPOSITION: (Verified 4/13/26)

Association of Northern California Oncologists
California Medical Association
Medical Board of California
Medical Oncology Association of Southern California

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.”

ARGUMENTS IN OPPOSITION: 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, 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.”

Prepared by: Anna Billy / B., P. & E.D. /
4/14/26 16:16:11

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