Telehealth and Prescribing Controlled Substances

By: Nicole Dube, Principal Analyst
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Issue

This report answers a series of questions on Connecticut’s telemedicine law, and its prohibition on prescribing Schedule I, II, or III controlled substances using telecommunication technology. This report has been updated by OLR Report 2018-R-0128.

1. What is Telehealth?

Telehealth (also commonly referred to as “telemedicine”) is a method for delivering health care services in which a health care provider uses telecommunication technology to provide health care services to a patient at a different geographic location. PA 15-88 (codified at CGS § 19a-906) defines “telehealth” as delivering health care services through information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s physical and mental health. Under that law, telehealth practices include:

1. Interactions between a patient at an originating site and the telehealth provider at a distant site andbox

2. Synchronous (real-time) interactions, asynchronous store and forward transfers (transmitting medical information from the patient to the telehealth provider for review at a later time), or remote patient monitoring.
Telehealth does not include using fax, audio-only telephone, texting, or email (CGS § 19a-906(a)(10)).

2. Which Providers May Use Telehealth to Provide Health Care Services?

Under the law, the following health care providers may provide health care services using telehealth technology within their profession’s scope of practice and standard of care (CGS § 19a-906(a)(11) as amended by PA 16-25):

<table>
<thead>
<tr>
<th>• Advanced Practice Registered Nurses</th>
<th>• Marital and Family Therapists</th>
<th>• Podiatrists</th>
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<tr>
<td>• Alcohol and Drug Counselors</td>
<td>• Naturopaths</td>
<td>• Professional Counselors</td>
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<tr>
<td>• Audiologists</td>
<td>• Occupational or Physical Therapists</td>
<td>• Psychologists</td>
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<tr>
<td>• Certified Dietician-Nutritionists</td>
<td>• Optometrists</td>
<td>• Respiratory Care Practitioners</td>
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<td>• Chiropractors</td>
<td>• Physicians</td>
<td>• Speech and Language Pathologists</td>
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<tr>
<td>• Clinical and Master Social Workers</td>
<td>• Physician Assistants</td>
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3. Are There Requirements for Providing Telehealth Services?

Under the law, a telehealth provider can provide telehealth services to a patient only when the provider:

1. is communicating through real-time, interactive, two-way communication technology or store and forward technologies;
2. has access to, or knowledge of, the patient’s medical history and health record;
3. conforms to the standard of care (a) for his or her profession and (b) expected for in-person care as appropriate for the patient’s age and presenting condition; and
4. gives the patient his or her provider license number and contact information (CGS § 19a-906(b)(1)).

At a first telehealth interaction with a patient, the provider must (1) inform the patient about telehealth treatment methods and limitations, (2) obtain the patient’s consent to provide telehealth services, and (3) document the notice and consent in the patient’s health record (CGS § 19a-906(b)(2)).
4. Can Health Care Providers Prescribe Controlled Substances Using Telehealth Technology?

The law prohibits telehealth providers who are authorized to prescribe controlled substances from prescribing schedule I, II, or III controlled substances using telehealth. Drugs included in these schedules have a higher potential for abuse. Examples include opioid painkillers (Schedule II), amphetamines (Schedule II), methamphetamines (Schedule II), anabolic steroids (Schedule III), and marijuana (Schedule I) (CGS § 19a-906(c)).

Telehealth providers may use telehealth to prescribe schedule IV and V controlled substances, which have a low potential for abuse. Examples include diazepam (Valium), lorazepam (Ativan), alprazolam (Xanax), and clonazepam (Klonipin).

5. Are Health Insurers Required to Cover Telehealth Services?

Generally, the law requires health insurance policies to cover medical advice, diagnosis, care, or treatment provided through telehealth technology to the extent that they cover the services through in-person visits between an insured person and a health care provider. It subjects telehealth coverage to the same terms and conditions that apply to other benefits under the policy (CGS §§ 38a-499a and 38a-526a).