



CONTEXT, PURPOSE & LIMITATIONS

The [Centers for Disease Control and Prevention](#) and the [World Health Organization](#) recommend social distancing as a key practice for addressing the current phase of the Coronavirus Disease 2019 (COVID-19) global pandemic. While social distancing is an important strategy to help prevent infection, it requires rapid shifts in clinical practice including utilization of technology and revised clinical practices to ensure continued and ongoing support for people, including those with substance use disorder (SUD).

New temporary policies and regulatory revisions related to the care of persons with SUD are being released both at the Federal and State levels at rapid rate and are changing as the pandemic evolves. There may be apparent incomplete alignment between statements issued between various agencies and interpretation of these may differ among experts and other clinicians.

When there is lack of clarity, **clinicians must use clinical judgement in determining the best course of care with the best interest of the patient and public health in mind** with awareness that the risk of COVID-19 exposure to patients, healthcare providers and the public must be balanced with potential risks to individual and public health engendered by revisions in SUD treatment.

This document is intended to provide key information to support professionals treating people with opioid and other substance use disorders during this nationwide public health emergency. This document includes a summary of the changes that have been made at the federal level and by the State of New Hampshire through emergency orders in response to the COVID-19 pandemic as well as clinical considerations for caring for patients with substance use disorders during this time.

These changes are only applicable during the COVID-19 nationwide public health emergency or until Federal and State emergency policies are rescinded, whichever comes first.

Note that some health systems may have more restrictive requirements in terms of technology and clinical practice than those reflected here and providers within those systems should be aware of those.

The [NH Center for Excellence/JSI](#) in collaboration with the [Healthcare Task Force of the NH Governor's Commission on Alcohol and Other Drugs](#) has prepared this summary for informational purposes only. This summary reflects the best available information at the time this summary was prepared, but note emergency policies may be subject to change over time. The NH Center for Excellence/JSI and the Healthcare Task Force do not warrant the accuracy or completeness of this summary.



Healthcare Task Force of the
NH Governor's Commission on
Alcohol and Other Drugs

TREATMENT

1. Telehealth Regulations

A. General Guidance

- Health care professionals may provide telehealth to patients for any reason during this pandemic, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19. [1]
- Pharmacologic and psychosocial therapies along with recovery support services for substance use disorder may be provided using telehealth services.
- Eligible providers include: [1,2]
 - » Physicians/Physician Assistants/Advanced Practice Registered Nurses/Clinical Nurse Specialists/Nurse Midwives
 - » Certified Registered Nurse Anesthetists
 - » Clinical Psychologists, Clinical Social Workers, Master's Level Psychiatric Nurses
 - » School Psychologists licensed by the Board of Psychologists
 - » Pastoral Psychotherapists, Marriage and Family Therapists, Clinical Mental Health Counselors
 - » Licensed Alcohol and Drug Counselors (LADCs), Master's Licensed Alcohol and Drug Counselors (MLADCs), Certified Recovery Support Workers (CRSWs), Applied Behavioral Analysts
 - » Providers licensed by the Board of Mental Health Practice
 - » Community Mental Health Programs designated by the Department of Health and Human Services
 - » Dentists
 - » Registered Dietitians or Nutritional Professionals

B. Confidentiality and Privacy

- Penalties will not be imposed for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using non-public facing audio or video communication products. [3]
 - » Acceptable non-public facing applications for most telehealth include:
 - Telephone
 - HIPAA-compliant options: Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet, Cisco Webex Meetings/Webex Teams, Amazon Chime, GoToMeeting
 - Acceptable popular applications (that may introduce some privacy risk): Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype [2,3]
 - » Unacceptable public facing applications: Facebook Live, Twitch, TikTok, and other similar video communication applications [3]
- Patient identifying information under 42 C.F.R. Part 2 may be disclosed to medical personnel, to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained. [4]
 - » Under the medical emergency exception, providers make their own determinations whether a bona fide medical emergency exists for purposes of providing needed treatment to patients. [4]

C. Reimbursement

- Third party reimbursement for telehealth services in NH must be no less than that for comparable traditional in person services. [2]
- Eligible providers (see section 1A) can bill commercial payers and Medicaid including the Managed Care Organizations for telehealth services (including audiovisual or audio only) as long as the delivered service follows routine practices similar to if the service was provided face-to-face. [2]

2. Prescription Policies for Buprenorphine and Other Controlled Substances [6,7,8,14]

- DATA waived buprenorphine practitioners may prescribe buprenorphine to new and existing patients for treatment of SUD on the basis of telehealth visits
 - » Without first conducting an in-person evaluation
 - » On the basis of tele communication that is:
 - Audiovisual (audio and video), two way, interactive or
 - Audio only (telephone or similar), if the clinician “determines that an adequate evaluation of the patient can be done by telephone” [8]
- Patients treated by telehealth will count against the practitioner’s patient limit and must be treated in accordance with any rules that apply to practicing with a waiver.
- Practitioners may issue controlled substance prescriptions based on telehealth visits:
 - » Electronically (for schedules II-V), or
 - » By calling in schedule III-V prescription to the pharmacy, or on an emergency basis schedule II
 - For an emergency call in of a schedule II, the prescriber must send a photo, fax, or hard copy to the pharmacy within 14 days. [18]
 - » By written prescriptions (for schedules II-IV)
- Practitioners licensed in NH with DEA registration in NH may prescribe buprenorphine for OUD (with waiver) or other controlled substances based on a telemedicine visit to patients who reside in NH or other states under DEA emergency rules. [9] However, some states may limit cross border practice.
 - » The DEA has provided a temporary exemption of its requirement that clinicians prescribing controlled substances through telemedicine must hold a DEA registration in the State in which the patient resides.
 - » Some States require clinicians to have a practice license in the State in which their patient resides (not only in the State in which they practice) in order to provide telemedicine services.
 - » Many states during this State of Emergency recognize a medical license in good standing in a different U.S. state as sufficient to practice in their State, including telehealth practice.
 - NH - Physicians licensed and in good standing in another U.S. state(s) can practice medicine in NH on presenting evidence of licensure and good standing presented to the NH Office of Professional Licensing and Certification (OPLC). Online application required, no fees. [10]
 - MA - Physicians with active full, unlimited and unrestricted medical license in good standing in another U.S. state/territory/district may apply for emergency license. Online application required, no fees. [12]
 - ME - A physician, physician assistant or nurse licensed in good standing in any U.S. state with no licensing loss or restriction with 10 years may be issued a license valid during the state of emergency and may then provide in-person or across state lines into Maine telehealth services. Online application required, no fees. [13]

- VT - Licensed health professionals with license in any U.S. state and in good standing without current disciplinary proceedings are deemed licensed/certified to practice in VT by telemedicine or on staff of a licensed facility, unless previously barred from VT practice. No application required unless for other than telemedicine and/or outside of a licensed facility. [11]
- » Providers should check current regulations in the states in which their patients reside to assure they can legally provide treatment by telehealth in that State as emergency orders may change.

3. Specific Considerations for Opioid Treatment Programs (OTPs)

- OTPs can admit new patients and initiate treatment with buprenorphine if an adequate evaluation of the patient can be accomplished via telehealth and is deemed appropriate. [7]
- OTPs can admit new patients and initiate treatment with methadone, only if an initial in-person physical evaluation is performed. [7]
- Buprenorphine and methadone may be provided by OTPs based on audio only or audiovisual telehealth visits. [5, 6]
- SAMHSA has stated that OTPs, may provide 14-28 days of take-home doses of medication for opioid use disorder for all patients who in their clinical judgment are stable enough to safely handle their medication, with approval from the State. [15]
- OTPs may arrange delivery of methadone to the homes of patients under quarantine using specified protocols. [16]

4. Clinical Care Considerations

The COVID-19 pandemic has introduced new risks that must be considered in determining the risk-benefit balance of different clinical practices in MAT and SUD treatment. The calculus of harm reduction is clearly different at this time. Best practices are emerging, but for the time being, clinical practice must be based on thoughtful clinical judgment within the expanded limits of emergency Federal and State policies.

A. Dosing and Frequency of Prescriptions and Telehealth Visits

- A weekly prescription of buprenorphine has been the standard for many, however during the COVID-19 pandemic many clinics are now moving to 14-28 day prescriptions for some patients.
- Some clinicians provide buprenorphine renewals (permitted for Schedule III medication) in order to write for smaller amounts and limit the medication a patient has access to at any one time, while reducing strain on limited telehealth practice resources.
 - » For example, a clinician might provide a prescription for one week with three one week refills, to provide a month's supply of medication in weekly increments and see the patient monthly if clinically appropriate.
- Telehealth visit frequency should be based on patient clinical status in terms of stability, co-morbidities and other variables. Typical range is weekly to monthly, but more or less frequently may be appropriate for different patients.
- Be aware that current stressors may increase instability of previously stable patients and that reduced visits or increased medication availability may increase risk.
- *Patients should have adequate naloxone during this time (see section 4C).*

B. [Drug Testing \[17\]](#)

- Traditional urine drug testing introduces both the risks of in person contact and risks of handling of specimens.
- Clinicians may elect to omit urine drug testing during this emergency.
- Some clinicians are using video observed point of care oral swabs and other non-traditional drug testing methods when available.

C. [Naloxone \(Narcan\) Availability](#)

- Naloxone is a medication that temporarily reverses the effects of an opioid overdose. The current situation may introduce multiple stressors including lower access to counseling, medication and other supports which can contribute to new or increased use of opioids and other substances. Naloxone can be obtained from:
 - » The [NH Doorways](#), call 2-1-1
 - » A person's primary care provider
 - » Many [NH pharmacies](#) and is available without a prescription
 - » The [NH Syringe Service Programs](#)

D. [Psychosocial Treatment Supports](#)

- Patients should be encouraged to continue engagement with indicated individual and/or group psychosocial treatment.
 - » Many treatment organizations and providers have transitioned to providing psychosocial treatment services virtually during the pandemic.
 - Contact individual organizations for more information.
 - » Some treatment organizations offered largely telehealth-based treatment prior to this pandemic and continue to offer it. Examples include:
 - [TeleCrossroads](#)
 - [KadenHealth](#)
 - » Apps are available to support access to treatment virtually. Examples include:
 - [Connections App](#)
 - » Recovery support services may also support treatment (see resources and links below).

RECOVERY SUPPORT SERVICES

5. Recovery Community Organizations (RCOs)

- The [NH state contracted recovery centers](#) have transitioned to offer virtual services including recovery coaching, telephone recovery support services and a variety of online meetings (private centers may be offering virtual services as well).

6. Online Meetings/Support Groups/Recovery Apps

- [In the Rooms](#)
- [Smart Recovery](#)
- [Alcoholics Anonymous](#)
- [Narcotics Anonymous](#)
- [Other support groups, apps and podcasts](#)

7. Stress/Anxiety Resources

- [Behavioral Health During COVID-19](#)
- [UCLA Mindful App](#)
- [Stop, Breath, & Think](#)

PROFESSIONAL RESOURCES

8. Addiction Expertise Networks

- [Providers Clinical Support System](#)
- [The American Society of Addiction Medicine](#)

9. Professional Self-Care Resources

- [The Schwartz Center for Compassionate Healthcare](#)
- [NH Professional Health Program](#)

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