

Telehealth Guidance During COVID-19 Pandemic

To reduce the threat posed to health care providers from COVID-19, allocate resources to respond to the disaster, and in further the Governor’s Proclamation No. 20-32, this guidance is offered to allied providers licensed by the Board to both facilitate the use of telehealth and assure them that services provided during this emergency will not be subject to Board scrutiny merely because they were provided by telehealth.

1. **Use of Telehealth.** Allied providers licensed or regulated by the Board¹ may use telehealth to provide health care to patients located *in this State*.²
2. **Standard of Care.** Telehealth services must be within the scope of the provider's license, skill, training and experience and meet the standard of care that would be provided if the patient were treated on an in-person basis.
3. **Prescriptions.** For providers with prescriptive authority, any controlled substance prescribed by telehealth should be medically appropriate, well-documented and conform to the laws and rules applicable to the provider’s practice and medication prescribed.
4. **Confidentiality.** State and federal regulations on privacy and security of healthcare information apply to telehealth. However, during the COVID-19 Public Health Emergency, the U.S. Office of Civil Rights (OCR), which enforces certain federal HIPAA regulations, announced that it will not impose penalties for noncompliance with the regulatory requirements under the HIPAA rules against covered health care providers in connection with the good faith provision of telehealth. Per such guidance, the use of non-public facing applications for video chats, such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom or Skype, using any available encryption and privacy modes, may be used for telehealth, while public-facing applications like Facebook Live, Twitch, TikTok may not. A link to OCR’s guidance is provided below.³
5. **Documentation.** In documenting a telehealth visit, the provider should note that the service was provided by telehealth and the patient was made aware how to access his/her record.

The above is intended only as guidance. Telehealth should be considered where available and appropriate with the understanding that services provided during this emergency will not be subject to Board scrutiny merely because they were provided by telehealth.

Please check our webpage for future updates on telehealth and other important issues.

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¹Allied healthcare providers licensed by the Board are: acupuncturists, athletic trainers, clinical lab personnel, clinical exercise physiologists, genetic counselors, medical psychologists, licensed midwives, occupational therapists and their assistants, perfusionists, physician assistants, podiatrists, polysomnographers, private radiology techs and respiratory therapists.

²Louisiana’s Telehealth Access Act, La. R.S. 40:1223.1-1223.5 is found at:
<http://www.lsbme.la.gov/sites/default/files/documents/In%20The%20News%20Items/La.%20R.S.%2040.1223.1-5%20Telehealth%20Law.pdf>

³See Guidance by the U.S. Office of Civil Rights at:
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>