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Telehealth prescriptions should be available for more mental health and substance use patients, says commission

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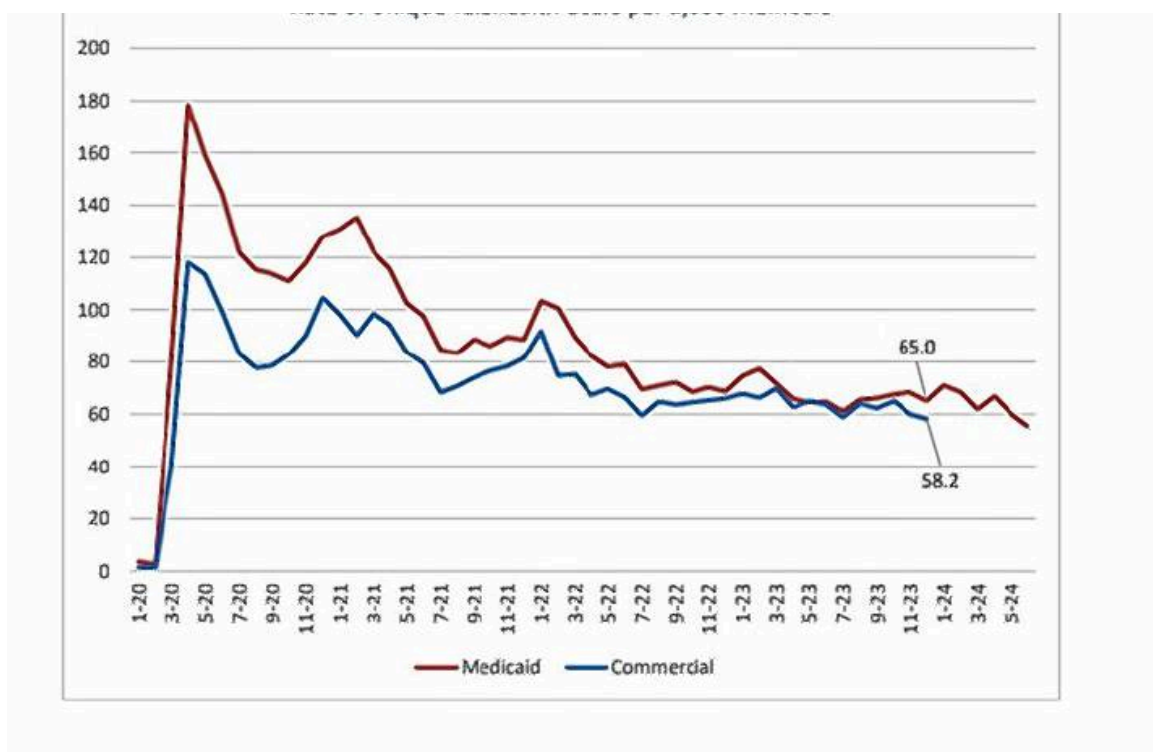


Chart of telehealth use in NH, 2020-2024 Commission to Study Telehealth Services—Courtesy

By [DAVID BROOKS](#)

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Published: 12-09-2024 4:18 PM

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Five years after COVID lockdowns supercharged the idea of talking to your doctor or nurse online from home, telehealth has become such a regular part of medical care in New Hampshire that advocates hope the state will loosen laws concerning prescriptions.

The final report of the Commission to Study Telehealth Services, a group that was established by the legislature in 2020, says it should be legal for telehealth providers to prescribe certain medications for mental health and substance use disorders without

“Those types of conditions are treatable through this modality. You don’t need to necessarily lay hands on the patient in order to treat them. It fits very well,” said Dr. Jonathan Ballard, chief medical officer for the state Department of Health and Human Services. In medicine, “modality” means “method of treatment.”

Data from 2023, for example, showed that between one-third and one-half of doctors’ visits for mental health and substance use disorders in the state were done via telehealth, compared to 5% or less for other types of visits.

With that in mind, the commission’s most immediate recommendation is that legislators expand a provision created by Gov. Chris Sununu’s emergency action during the COVID pandemic and later codified into law, which allows providers to prescribe certain drugs for opioid-use disorder without an in-person visit.

Similar online-only prescribing should be allowed for a variety of mental health and substance-use disorders, the commission said.

The group’s final report was released to Gov. Sununu and legislators on Nov. 26.

Ballard said the recommendation was spurred by data and experience from Dr. Audrey Kern, an addiction medicine specialist who was a member of the commission.

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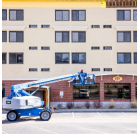
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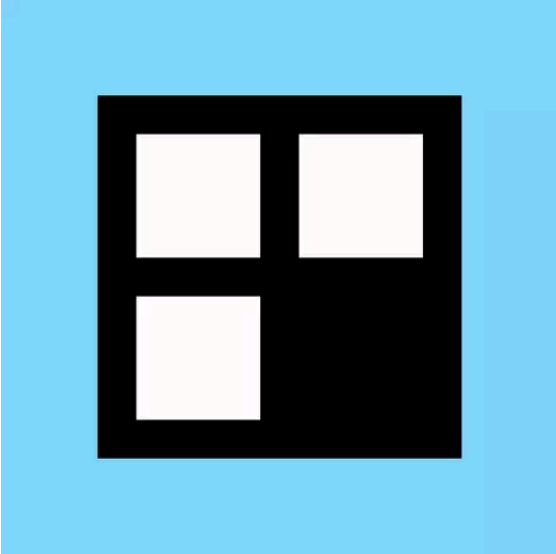


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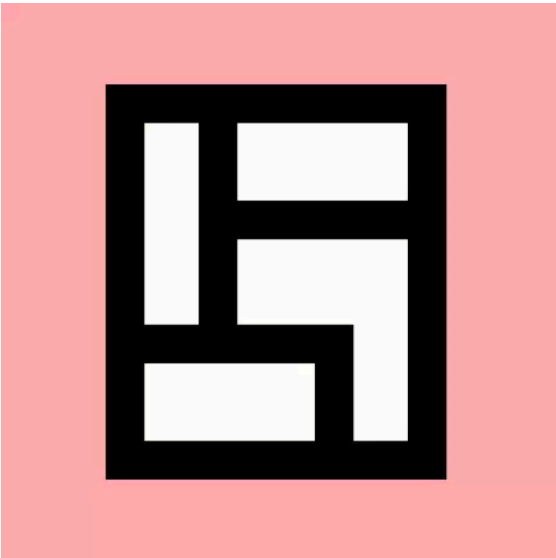


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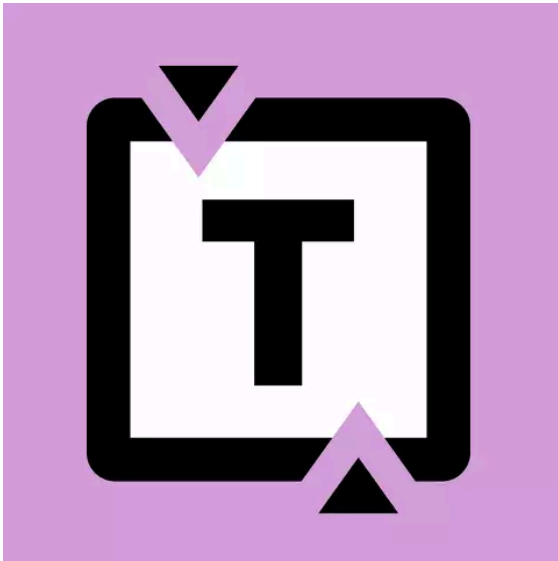
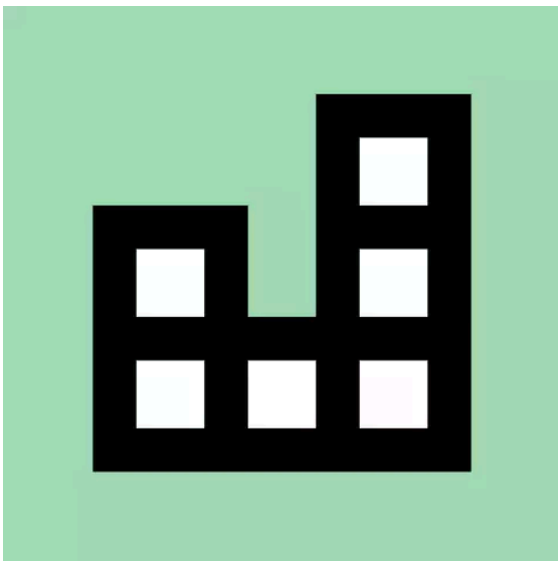
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“For example, a person with anxiety may be treated with controlled medication. They’re perfectly stable but still have to come in for an office visit. Attention deficit disorder is another (example),” Ballard said.

The commission found that the use of telehealth services has declined slightly since the pandemic lockdown, when the practice soared from almost zero. It now sits at roughly 60-70 visits per 1,000 members, with Medicaid patients slightly more likely to use online services than private insurance patients.

“We were reassured that there was still continued use (of telehealth), settling into an amount that is clinically appropriate, driven by need,” Ballard said.

He pointed to the fact that there’s a winter uptick, when it gets harder to drive to the hospital, clinic or doctor’s office. “There’s a spike every single winter. That reassured us the data is valid,” he said.

Telehealth is most often used in the populated southeast part of the state, which isn’t a surprise even though it may be of more value in rural areas with less access to providers.

“So much of this data follows the map of other health service utilization. You have more providers in the southern part of the state which drives use in all health services, including telehealth,” Ballard said.

The commission also recommends that lawmakers extend the group for two more years because many new technologies are coming online that can help telehealth services. Ballard pointed to a movement known as Hospital-at-Home being tested in Massachusetts and other places.

“You can treat people with a hospital level of care using advanced technology” such as telemetry of a patient’s vital signs at home that can have a nurse or doctor called there if necessary.

“It can let you move people out of the hospital or completely avoid a hospitalization,” he said. “It’s very promising.”

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