

Virginia Board of Optometry
Guidance for Telepractice

1. What is telepractice?

Telepractice may be defined as the use of telecommunications and information technologies for delivery of optometry professional services by linking a patient and an optometrist for assessment, intervention or consultation.

2. May a practitioner licensed in another state provide services to a patient located in Virginia?

In order to provide optometric services to a patient in the Commonwealth of Virginia via telepractice, a practitioner must hold a Virginia license and comply with relevant laws and regulations governing practice.

3. Are there any regulations specific to providing optometric services via telepractice?

Telepractice is considered a method of service delivery. The current, applicable regulations apply to all methods of service delivery, including telepractice. The licensee is responsible for using professional judgment to determine if the type of service can be delivered via telepractice at the same standard of care as in-person service.

4. How does a TPA-Certified Optometrist establish a practitioner-patient relationship?

§ 54.1-3303. (Effective July 1, 2020) Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, or by a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32. The prescription shall be issued for a medicinal or therapeutic purpose and may be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship.

...In addition, a bona fide practitioner-patient relationship means that the practitioner shall (i) ensure that a medical or drug history is obtained; (ii) provide information to the patient about the benefits and risks of the drug being prescribed; (iii) perform or have performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the examination of the patient shall have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription; and (iv) initiate additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. A practitioner who

performs or has performed an appropriate examination of the patient required pursuant to clause (iii), either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically, for the purpose of establishing a bona fide practitioner-patient relationship, may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such Schedule II through V controlled substance is in compliance with federal requirements for the practice of telemedicine.

For the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services as defined in § 38.2-3418.16, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when all of the following conditions are met: (a) the patient has provided a medical history that is available for review by the prescriber; (b) the prescriber obtains an updated medical history at the time of prescribing; (c) the prescriber makes a diagnosis at the time of prescribing; (d) the prescriber conforms to the standard of care expected of in-person care as appropriate to the patient's age and presenting condition, including when the standard of care requires the use of diagnostic testing and performance of a physical examination, which may be carried out through the use of peripheral devices appropriate to the patient's condition; (e) the prescriber is actively licensed in the Commonwealth and authorized to prescribe; (f) if the patient is a member or enrollee of a health plan or carrier, the prescriber has been credentialed by the health plan or carrier as a participating provider and the diagnosing and prescribing meets the qualifications for reimbursement by the health plan or carrier pursuant to § 38.2-3418.16; and (g) upon request, the prescriber provides patient records in a timely manner in accordance with the provisions of § 32.1-127.1:03 and all other state and federal laws and regulations. Nothing in this paragraph shall permit a prescriber to establish a bona fide practitioner-patient relationship for the purpose of prescribing a Schedule VI controlled substance when the standard of care dictates that an in-person physical examination is necessary for diagnosis. Nothing in this paragraph shall apply to: (1) a prescriber providing on-call coverage per an agreement with another prescriber or his prescriber's professional entity or employer; (2) a prescriber consulting with another prescriber regarding a patient's care; or (3) orders of prescribers for hospital out-patients or in-patients.

5. In order to provide the same standard of care, what are some of the responsibilities of a practitioner when providing optometric services via telepractice?
 - To determine the appropriateness of providing assessment and intervention services via telepractice for each patient and each situation;
 - To ensure confidentiality and privacy of patients and their transmissions;
 - To maintain appropriate documentation including informed consent for use of telepractice;
 - To be responsible for the performance and activities of any unlicensed assistant or facilitator who may be used at the patient site, in accordance with Virginia Code § 54.1-3200;
 - To ensure that equipment used for telepractice is in good working order and is properly maintained at both site locations;

- To comply with Virginia and federal (such as HIPAA) requirements regarding maintenance of patient records and confidentiality of patient information; and
 - To ensure that confidential communications obtained and stored electronically cannot be recovered and accessed by unauthorized individuals when the licensee disposes of electronic equipment and data.
6. What factors should be considered when determining if telepractice is appropriate to use? Factors to consider include, but are not limited to:
- The quality of electronic transmissions should be equally appropriate for the provision of telepractice as if those services were provided in person;
 - The practitioner should only utilize technology for which he/she has been trained and is competent;
 - The practitioner should consider the patient's behavioral, physical and cognitive abilities in determining appropriateness;
 - The practitioner should assess the ability of the patient to safely and competently use electronic transmission equipment; and
 - The scope, nature and quality of services provided via telepractice should be comparable to those provided during in-person appointments.
7. May a practitioner licensed in Virginia provide services to a patient located in another state?

The Virginia Board does not have jurisdiction over practice in another state. An optometrist seeking to practice via telepractice with a patient in another jurisdiction should contact the board for the other state to determine its licensure requirements.

8. Can a practitioner seek reimbursement for services provided by telepractice?

The Board has no jurisdiction over billing and reimbursement for services.