October 26, 2020

The Honorable Timothy Shea
Acting Administrator
Drug Enforcement Administration (DEA)
Lincoln Place-West, 700 Army Navy Drive
Arlington, VA 22202

Dear Administrator Shea:

The undersigned organizations write to encourage the Drug Enforcement Administration (DEA) to expedite and complete its efforts to implement a telemedicine special registration process enabling providers to safely prescribe controlled substances remotely. Our experience during COVID-19 has demonstrated the value of increased access to telemedicine to enable all qualified providers, including Community Mental Health Centers and addiction treatment facilities, to prescribe Medication Assisted Treatment (MAT) to patients with Opioid Use Disorder (OUD).

On October 24, 2018, President Donald J. Trump signed into law the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (P.L. 115-271). Section 3232 of the Act amends the Controlled Substance Act (CSA) Section 311(h)(2) to require that no later than one year after enactment, the Attorney General, in consultation with the Secretary of Health & Human Services (HHS), promulgate final regulations specifying the circumstances in which a special registration for telemedicine may be issued and the procedure for obtaining the registration. **It has now been two full years since the SUPPORT Act was signed into law with no appreciable progress in moving forward a rulemaking process to implement this key telemedicine provision.**

Given the opioid use crisis now heavily impacting the United States, the DEA's delay is difficult to comprehend. In the six months since COVID-19 brought the nation to a standstill, the opioid epidemic has taken a sharp turn for the worse. More than 40 states have recorded increases in opioid-related deaths since the pandemic began. In Arkansas, the use of Narcan, an overdose reversing medication, has tripled. Officials in Jacksonville, FL have seen a 40 percent increase in overdose related emergency calls. In March alone, York County, PA recorded three times as many overdoses as usual.

The nationwide data is similarly alarming: drug overdoses increased 18 percent in March compared with last year, 29 percent in April, and 42 percent in May according to the Overdose Detection Mapping Application Program (ODMAP), a federal initiative that collects data from ambulance teams, hospitals, and police. Telemedicine is one of the key means of addressing this worsening crisis by expanding access to addiction treatment in underserved communities, rural areas, and communities of color.

Since the onset of the coronavirus epidemic Public Health Emergency (PHE), HHS has employed its authority under Section 1135 of the Social Security Act to waive a wide array of restrictions and limits on telemedicine imposed under Section 1834(m) of the Act. The DEA also recognized the immediate need

for expanded access to remote care during the pandemic and, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), exercised its regulatory authority to permit remote prescribing of controlled substances using telemedicine without a prior in-person exam, regardless of the patient's location (if the prescribing is medically appropriate and the prescriber is DEA-registered). In particular, this has allowed buprenorphine/Suboxone initiation over telemedicine. **While we appreciate these PHE-related changes, statute requires the implementation of a permanent regulation. The time for that regulation is long overdue.**

It should be noted that – in numerous public appearances as well as in congressional testimony – HHS Secretary Alex Azar and U.S. Surgeon General Jerome Adams repeatedly refer to MAT as "the gold standard" of addiction treatment. Buprenorphine is a key part of the MAT armamentarium. It is an opioid medication used to treat opioid addiction in the privacy of a health care practitioner's office or an outpatient clinic. Buprenorphine can be dispensed for take-home use by prescription filled in local pharmacies. These characteristics, in addition to buprenorphine's pharmacological and safety profile, make it a preferred treatment option for patients addicted to opioids.

According to a Health Affairs blog authored by noted academic medical experts: "Telehealth had already been proven effective for managing patients who had already started buprenorphine treatment after an in-person visit, with multiple studies demonstrating similar retention and illicit opioid abstinence rates among patients managed by telehealth compared to in-person. Prior to COVID-19, the Department of Veterans Affairs successfully implemented telehealth buprenorphine management for veterans with OUD and has published a toolkit to support future expansion of telehealth buprenorphine programs." Many healthcare providers across the United States have used telemedicine to expand access to MAT and report high clinician and patient satisfaction with telemedicine. In fact, the Centerstone Research Institute (CRI) even showed that telemedicine interventions have been 18 percent more effective at reducing past 30-day alcohol and tobacco use relative to face-to-face settings.

Given the worsening opioid overdose crisis, the undersigned organizations urge the DEA to move forward with the telemedicine special registration process required by federal law that will enable SAMHSA waivered clinicians, Community Mental Health Centers and addiction treatment facilities to prescribe MAT to patients with OUD employing telemedicine technology.

This important rulemaking also closely aligns with the October 5 *Executive Order on Saving Lives Through Increased Support for Mental- and Behavioral-Health Needs* and will disproportionately benefit patients with addiction disorders living in rural America and underserved urban areas.

Thank you for your attention to this important matter.

Sincerely,

Abbott House
Allergy & Asthma Network

Alliance for Connected Care
America's Health Insurance Plans
American Academy of Family Physicians
American Academy of PAs
American Academy of Physical Medicine and Rehabilitation
American Association of Nurse Practitioners
American Association of Suicidology
American Geriatrics Society
American Nurses Association
American Psychiatric Association
American Telemedicine Association
American Urological Association
Ascension
Assisted Recovery Centers of America
Association for Behavioral Health and Wellness
At Your Service Psychiatry, PLLC
Banner|Aetna
California Hospital Association
Center for Freedom and Prosperity
Centerstone
Change Healthcare
CirrusMD Inc.
Clusterbusters
Columbia University Irving Medical Center
CompreCareRx
Curve Health
Directions in Independent Living, Inc.
Doxy.me
eHealth Initiative
Eleanor Health
EMBER Medical
Encounter Telehealth, LLC
Epilepsy Foundation
ExamMed
Federation of American Hospitals
Foothold Technology
GlobalMedia Group, LLC.
GO2 Foundation for Lung Cancer
Health Innovation Alliance
Healthcare Leadership Council
HealthFlow.io
Holland Healthcare

InSight + Regroup
International OCD Foundation
Leadership OD
Legal Action Center
Magellan Health
Mass General Brigham
Medstar Health
Mental Health America
Minnesota HIMSS Chapter
mvmtAi inc.
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Association of State Mental Health Program Directors
National Council for Behavioral Health
National League for Nursing
Net Medical
Netsmart
New Jersey Association of Mental Health and Addiction Agencies
NextGen Healthcare
NOVA ScriptsCentral
Palmetto Care Connections
PAs in Virtual Medicine and Telemedicine
PrimeCare Community Health
Psychiatric Medical Care
PursueCare
QueerDoc
Qure4u Health
Schizophrenia and Related Disorders Alliance of America
Scripps Mercy Hospital and Medical Center
Small Business & Entrepreneurship Council
Spina Bifida Association
Strategic Solutions
TeleMed2U
UPMC
URAC
UVA Health
ViTel Net
Xylo Technologies Inc
Zipnosis, Inc

cc: Jeffrey A. Rosen, Deputy Attorney General, U.S. Department of Justice