

Congress of the United States

Washington, DC 20515

October 14, 2022

Administrator Anne Milgram
Drug Enforcement Administration
8701 Morrisette Drive
Springfield, VA 22152

Assistant Secretary Miriam Delphin-Rittmon
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20852

Dear Administrator Milgram and Assistant Secretary Delphin-Rittmon:

We write to request that you grant continued telehealth flexibilities for the initiation of buprenorphine for opioid use disorder (OUD) during the national public health emergency declared in response to the opioid crisis. We encourage both the Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to support the development of long-term policy regarding telehealth flexibilities based on available research data.

During the COVID-19 pandemic, many people with opioid use disorder faced increased barriers to accessing treatment, particularly with stringent regulations regarding medication assisted treatment.¹ Current trends project that drug overdoses are increasing and disparities have been worsening over the last several years, with opioid-related overdose deaths reaching an all-time high in 2021.^{2,3} Federal flexibilities throughout the pandemic have allowed providers to respond to the increasing prevalence of opioid use disorder, including through the use of buprenorphine, a safe and effective medication for the treatment of OUD.

In a letter to Administrator Brooks-LaSure of the Centers for Medicare & Medicaid Services on September 6th, 2022, our offices thanked CMS for recognizing the importance of coverage for audio-only telecommunication services for the initiation of buprenorphine in opioid treatment programs as part of the Calendar Year (CY) 2023 Medicare Physician Fee Schedule (PFS).⁴ As we stated, coverage will increase access to life-saving medications for patients all over the country—particularly in rural and underserved areas.

However, the Physician Fee Schedule proposed rule regarding coverage of audio-only telehealth for buprenorphine initiation depends on if “buprenorphine is authorized by the DEA and SAMHSA at the time the service is furnished.”⁵ Recognizing that payment for services is dependent on DEA and SAMHSA guidance, we encourage the agencies to release this public guidance as soon as possible, and urge that this guidance includes policies to increase access to treatment for OUD such as continued access to telehealth services for the initiation of buprenorphine.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7138407/>

² <https://www.cdc.gov/vitalsigns/overdose-death-disparities/index.html>

³ <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

⁴ https://trahan.house.gov/uploadedfiles/audio_only_telehealth_letter_to_cms_09_06.pdf

⁵ <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-proposed-rule>

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Audio-only telehealth is an important tool for clinicians to respond to an addiction crisis that has worsened throughout the pandemic. A 2021 study found that audio-only telehealth as a “low-threshold approach” to medication assisted treatment (MAT) for opioid use disorder was associated with better retention in care.⁶ Previous studies also show that providers treating patients with OUD think that telemedicine, including audio-only options, should be offered in some form beyond the COVID-19 pandemic, regulations permitting.^{7,8} The American Society for Addiction Medicine (ASAM) recently released their policy statement on telehealth, highlighting that telehealth is a tool to increase access to buprenorphine as part of OUD treatment, and that there is ample opportunity moving forward to study the role that audio-only care can play in responding to the opioid crisis.⁹

Harmonizing policy around the initiation of buprenorphine to treat OUD with the declaration of a public health emergency for the opioid crisis is a positive step to support providers who are on the front lines of the opioid crisis.¹⁰ The current unpredictable future of coverage for audio-only telehealth for buprenorphine creates additional barriers for patients and uncertainty for health care professionals in an already underserved workforce as the need for addiction specialists with clinical knowledge of MAT continues to grow.¹¹ As such, we are requesting that DEA and SAMHSA:

- Consider that telehealth flexibilities be granted in accordance with the declaration of a public health emergency for the opioid crisis;
- Evaluate long-term policy for flexibilities based on the utilization and effectiveness of audio-only telehealth in relation to medication assisted treatment;
- Detail a projected timeline regarding rulemaking for audio-only telecommunications for the initiation of buprenorphine for treatment of OUD.

Thank you for your consideration of this request.



Ann McLane Kuster
Member of Congress



Lori Trahan
Member of Congress

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8655329/>

⁷ https://www.sciencedirect.com/science/article/abs/pii/S0376871621004944?dgcid=rss_sd_all

⁸ <https://www.ajmc.com/view/physician-response-to-covid-19-driven-telehealth-flexibility-for-opioid-use-disorder>

⁹ https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/advocacy/2022-optimizing-telehealth-access-to-addiction-care-board-approved.pdf?sfvrsn=9c924fd1_3

¹⁰ <https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioid-19apr2019.aspx>

¹¹ https://khn.org/news/article/hospitals-have-been-slow-to-bring-on-addiction-specialists/?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top