

February 15, 2024

The Honorable Mike Johnson
Speaker, US House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Majority Leader, US House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader, US Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader, US Senate
Washington, DC 20510

RE: HR 5163/S 3193 The Telehealth Response for E-prescribing Addiction Therapy Services Act (TREATS)

Dear Senator Schumer, Senator McConnell, Speaker Johnson, and Representative Jeffries:

The Pew Charitable Trusts, the National Rural Health Association and Faces and Voices of Recovery along with the 130 undersigned organizations, healthcare providers, advocates and people in recovery urge swift passage of the TREATS Act. Together, our diverse organizations represent and serve millions on the front lines of the overdose crisis. This bipartisan legislation would permanently expand access to remote treatment for opioid use disorder and can help stop overdose deaths.

Telehealth was a game-changer for people struggling with opioid use disorder (OUD) during the COVID-19 pandemic, with more patients able to start and stay in treatment over the past three years than in previous years.¹ But unless Congress acts, this critical lifeline to care will disappear.

The TREATS Act will preserve telehealth care and ultimately save lives. This bill will permanently allow patients with OUD to access buprenorphine treatment remotely without a prior in-person evaluation, and instead give healthcare providers the option to conduct an initial evaluation via telehealth, including via audio-only, if that is the best option for the patient. Temporary regulations put in place during the pandemic currently allow patients to receive care this way.² Unfortunately, these regulations will expire at the end of this year, once again putting lives at risk.

Prior to the pandemic, federal law required health care providers to see patients in person before prescribing buprenorphine – a lifesaving medication proven to reduce overdose deaths and help people stay in treatment. But in March 2020, to encourage physical distancing, the Drug Enforcement Administration allowed providers to prescribe the medication remotely. As a result, for the past several years patients have been able to access treatment without having to worry about lack of transportation or childcare, taking time off work, or other circumstances that could affect their access to care. Patients also haven't had to endure long wait times for appointments or face the stigma and judgment that too often accompany in-person office visits. Provider access is a barrier for all patients, especially rural patients.

Evidence shows that expanding buprenorphine access via telehealth has been transformative for people with OUD. For example, remote prescribing helped close gaps in care for communities with already-low treatment rates.³ Veterans accessing buprenorphine via telehealth were more likely to stay in treatment than those seen in person.⁴ More people who live in remote rural areas or lack adequate transportation or childcare got the care they needed.⁵ And Medicare recipients who received telehealth services were

more likely to maintain their treatment and less likely to overdose.⁶ Simply put, remote access to buprenorphine has helped save lives.

Notably, some patients received buprenorphine treatment via audio-only visits, which can address treatment gaps and facilitate timely delivery of services.⁷ A systematic review did not identify substantive evidence that audio-only care was less safe or effective than video telehealth, and further suggests policy neutrality related to whether video or audio-only technology is used to initiate buprenorphine, as a prescriber makes this medical decision in accordance with standards of care.⁸

In fact, concerns that remote buprenorphine prescribing could lead to a spike in diversion are unfounded. The Drug Enforcement Administration and the National Institute on Drug Abuse have both stated that expanding access to buprenorphine decreases diversion of the drug.⁹ And when it does happen, it's usually done by people unable to access legal treatment who are trying to manage withdrawal symptoms.¹⁰ Importantly, greater access to buprenorphine over the past three years has not led to more buprenorphine-related overdoses.¹¹

Medications like buprenorphine are the best way to treat OUD and curb overdose deaths, but these medications remain out of reach for too many patients: Fewer than 1 in 5 people with OUD receive medication.¹² Remote access to buprenorphine can help close this treatment gap by removing obstacles to care, but as long as remote prescribing rules remain temporary—and as long as TREATS is not passed—the treatment gap will never fully close. Health care providers must invest time and resources into setting up remote care, which they may be hesitant to do if telehealth provisions are not here to stay. In one study, addiction providers noted they were reluctant to conduct remote evaluations of patients due to lack of clarity surrounding the telehealth guidelines and fears about transitioning patients back to in-person care; at the same time, the clinicians offered unanimous support for making the temporary regulations permanent.¹³

We urge swift passage of this crucial legislation. As people with OUD and their loved ones can attest, lives are at stake, and they can't afford to go back. Time is running out.

Respectfully,

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The Pew Charitable Trusts

Alexa McKinley
National Rural Health Association

Keegan Wicks
Faces & Voices of Recovery

Organizations:

Ascension Health
A New Path (Parents for Addiction Treatment & Healing)
American Association of Nurse Practitioners
American Jail Association
American Osteopathic Academy of Addiction Medicine
American Society of Addiction Medicine
Association of Behavioral Health and Wellness
ATA Action
Carnegie Mellon University

Coalition on Physician Education on Substance Use Disorder
Faces and Voices of Recovery, Texas
Federal Public and Community Defenders
Fruit of Labor Action Research & Technical Assistance
Global Health Advocacy Incubator, Overdose Prevention Initiative
Harm Reduction Works
Healthcare Leadership Council
HIV Alliance
Health Enhancement Systems
Hope House Treatment Centers
Hospitality House TC
Hufnagel Holistic Solutions
Jade Wellness Center
Just US Coordinating Council
Kohnling Inc
Laurie Mitchell Empowerment Center
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National Behavioral Health Association of Providers
National Center for Advocacy and Recovery Inc
National Center for Transgender Equality
National Commission on Correctional Health Care
National Council for Mental Wellbeing
National Health Care for the Homeless Council
National Safety Council
New Jersey Association of Mental Health and Addiction
NSI Strategies
On the Bright Side LLC
Partnership to End Addiction
Police Assisted Addiction and Recovery Initiative (PAARI)
Police, Treatment and Community Collaborative (PTACC)
Recovery Consultants of Atlanta Inc
Recycled Books Inc, Recovery Center
Reframe Health and Justice
Serenity Recovery Connection
SMART Recovery
The Smalldon Group
Starting Over PA
Thriving United
Treatment Alternatives for Safe Communities Inc (TASC)
The Hyer Calling Foundation
The Kennedy Forum
The Rainbow Makers
Thomas Hope Foundation
Young People in Recovery

Healthcare Providers:

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Advocates in Recovery:

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The Honorable Bill Cassidy
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¹ M.H. Fernández-Viña, “Telehealth Helps More Patients with Opioid Use Disorder Access Buprenorphine Treatment,” The Pew Charitable Trusts, April 6th, 2023, <https://www.pewtrusts.org/en/research-and-analysis/articles/2023/04/06/telehealth-helps-more-patients-with-opioid-use-disorder-access-buprenorphine-treatment>.

² M.H. Fernández-Viña and S. Doyle, “The Temporary Federal Rule on Telehealth Treatment, Explained,” The Pew Charitable Trusts, September 14th, 2023, <https://www.pewtrusts.org/en/research-and-analysis/articles/2023/09/14/the-temporary-federal-rule-on-telehealth-treatment-explained>.

³ Fernández-Viña, “Telehealth Helps More Patients.”

⁴ M.C. Frost et al., “Use of and Retention on Video, Telephone, and in-Person Buprenorphine Treatment for Opioid Use Disorder During the Covid-19 Pandemic,” *JAMA Network Open* 5, no. 10 (2022): e2236298-e98, <https://doi.org/10.1001/jamanetworkopen.2022.36298>.

⁵ H. Mahmoud et al., “Telehealth-Based Delivery of Medication-Assisted Treatment for Opioid Use Disorder: A Critical Review of Recent Developments,” *Current Psychiatry Reports* 24, no. 9 (2022): 375-86, <https://doi.org/10.1007/s11920-022-01346-z>.

⁶ C.M. Jones et al., “Receipt of Telehealth Services, Receipt and Retention of Medications for Opioid Use Disorder, and Medically Treated Overdose among Medicare Beneficiaries before and During the Covid-19 Pandemic,” *JAMA Psychiatry* 79, no. 10 (2022): 981-92, <https://doi.org/10.1001/jamapsychiatry.2022.2284>.

Notably, some patients received buprenorphine treatment via audio-only visits, which can address treatment gaps and facilitate timely delivery of services.⁶

⁷ Wunsch, Caroline, Rachel Wightman, Claire Pratty, Brendan Jacka, Benjamin D. Hallowell, Seth Clark, Corey S. Davis, and Elizabeth A. Samuels. “Thirty-Day Treatment Continuation After Audio-Only Buprenorphine Telehealth Initiation.” *Journal of Addiction Medicine* 17, no. 2 (April 2023): 206. <https://doi.org/10.1097/ADM.0000000000001077>.

⁸ Krawczyk, Noa, Bianca D. Rivera, Carla King, and Bridget C.E. Dooling. “Pandemic Telehealth Flexibilities for Buprenorphine Treatment: A Synthesis of Evidence and Policy Implications for Expanding Opioid Use Disorder Care in the U.S.” medRxiv, March 17, 2023, 2023.03.16.23287373. <https://doi.org/10.1101/2023.03.16.23287373>

⁹ Drug Enforcement Administration, “Economic Impact Analysis of Implementation of the Provision of the Comprehensive Addiction and Recovery Act of 2016 Relating to the Dispensing of Narcotic Drugs for Opioid Use Disorder [Docket No. Dea-450]” (2018), <https://docs.house.gov/meetings/IF/IF14/20180517/108343/HMKP-115-IF14-20180517-SD004.pdf>. ; National Institute on Drug Abuse, “What Is the Treatment Need Versus the Diversion Risk for Opioid Use Disorder Treatment?” (2021), <http://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/what-treatment-need-versus-diversion-risk-opioid-use-disorder-treatment>.

¹⁰ M.R. Lofwall and J.R. Havens, “Inability to Access Buprenorphine Treatment as a Risk Factor for Using Diverted Buprenorphine,” *Drug and Alcohol Dependence* 126, no. 3 (2012): 379-83, <https://www.ncbi.nlm.nih.gov/pubmed/22704124>.

¹¹ L.J. Tanz et al., “Trends and Characteristics of Buprenorphine-Involved Overdose Deaths Prior to and During the Covid-19 Pandemic,” *JAMA Network Open* 6, no. 1 (2023): e2251856-e56, <https://doi.org/10.1001/jamanetworkopen.2022.51856>.

¹² S.A.a.M.H.S. Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health, HHS Publication No. PEP23-07-01-006, NSDUH Series H-58 (2023), <https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>.

¹³ P.C. Treitler et al., “Perspectives of Opioid Use Disorder Treatment Providers During Covid-19: Adapting to Flexibilities and Sustaining Reforms,” *Journal of Substance Abuse Treatment* 132 (2022): 108514, <https://doi.org/10.1016/j.jsat.2021.108514>.