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ACAAM Comment Regarding Drug Enforcement Administration Recommended Permanent Telehealth Rules

The American College of Academic Addiction Medicine (ACAAM) is the proud academic home for addiction medicine faculty and trainees at the 96 ACGME-accredited addiction medicine fellowships across the United States, as well as multiple programs in Canada.

We write to comment on the proposed DEA rules regarding telehealth and our concerns related to the impact on education and the patients our members treat.

First, while we applaud the DEA's effort to permanently expand the ability to utilize telehealth to prescribe buprenorphine for opioid use disorder, we are concerned that the requirement for an in-person encounter with a prescriber within 30 days of a telehealth-generated prescription of buprenorphine will limit the benefits of this expansion and we urge the DEA to remove this requirement.

Faculty and fellows in many addiction medicine fellowship programs provide treatment to people in rural or remote areas, people who are unhoused or otherwise unable to reliably seek treatment in-person. For many of these patients with opioid use disorder, buprenorphine treatment is lifesaving and life-improving. Due to geographic isolation and the lack of access to prescribers, the in-person requirement will reduce their access to this treatment. The proposed rule includes other provisions that will limit diversion and discourage malicious prescribers, including requirements to review prescription drug monitoring programs, comprehensively document clinical assessment and decision-making, and meet all state prescribing requirements.

Second, during the COVID-19 Public Health Emergency, in midst of a crisis, our fellowship programs deftly and nimbly altered their curricula to maximize the telehealth expansion that was allowed. These alterations took significant effort and were of significant benefit to our faculty's ability to educate and our fellows' ability to treat patients while learning about different diagnoses. The ongoing ability to utilize telehealth to provide treatment, including the ability to prescribe buprenorphine as needed, is essential to the continued ability for our training programs to thrive.

In conclusion, ACAAM and our members applaud the availability of the permanent use of telehealth to treat people who use drugs, but urge the DEA to reconsider its decision to require an in-person encounter with a clinician within 30 days of the telehealth initiation of a buprenorphine prescription, as this requirement will not help those patients in the most acute need, and could very well exacerbate the ongoing overdose crisis that is plaguing our country.

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