The Honorable Nancy Pelosi, Speaker of the House

The Honorable Kevin McCarthy, Minority Leader of the House

The Honorable Chuck Schumer, Majority Leader

The Honorable Mitch McConnell, Minority Leader

Senator Tom Harkin, Chair of the Senate committee on Health, Education, Labor, and Pensions

Senator Mike Enzi, Ranking Member of the Senate Committee on Health, Education, Labor, and Pensions

Chiquita Brooks-LaSure, Administrator of Centers for Medicare & Medicaid Services **Dr. Meena Seshamani, M.D., Ph.D.,** Deputy Administrator and Director of Center for Medicare

Daniel Tsai, Deputy Administrator and Director of Center for Medicaid and CHIP Services

Xavier Becerra, Secretary, U.S. Department of Health and Human Services

Miriam Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use

Anne Milgram, Administrator of the Drug Enforcement Administration

We write to you as outpatient substance use disorder providers representing eight organizations dedicated to delivering evidence-based, high quality care nationwide. Workforce shortages and unequal distribution of providers across states have left many without access to life-saving treatment for opioid use disorder. The Covid-19 pandemic has fueled the opioid epidemic, resulting in the sharpest increase in opioid related deaths since 2016. While the pandemic erased much of the progress made in combating the epidemic over the past few years, the expansion of telehealth services during the Public Health Emergency has helped to address long-standing disparities in access to care and has made a positive impact on treatment capacity, especially in rural communities.

This was made possible by a decision made by HHS in concurrence with the DEA that allowed for much needed rapid expansion of telehealth coverage for substance abuse treatment services. As the Covid-19 public health emergency nears its end, we urge Congress, the Secretary of Health and Human Services, and the DEA to take steps to ensure that providers continue to have the ability to prescribe Medication for Opioid Use Disorder (MOUD) without the need for an in-person evaluation. Continued coverage beyond the public health emergency is essential to ensuring timely access to care and preventing unnecessary overdose and death.

¹ https://www.nytimes.com/interactive/2020/07/15/upshot/drug-overdose-deaths.html?referringSource=articleShare

There are a number of policy options that would allow for continued access to treatment via telehealth. If enacted these changes would have a lasting impact on health outcomes for those with opioid use disorder.

- 1. We strongly urge Congress to exercise its authority to modify the Ryan Haight Act to permanently allow providers to initiate buprenorphine for OUD treatment, without an in-person visit.
- 2. We strongly urge Congress to pass into law the Telehealth Response for E-prescribing Addiction Therapy Services (TREATS) Act to support the expansion of telehealth services for substance use disorder treatment. This will allow substance use disorder providers to prescribe Medication Assisted Treatments (MAT) without the need for an in-person evaluation, even after the Opioid Crisis Public Health Emergency.
- 3. If Congress is unable to move forward with these changes we recommend that the Secretary of the Department of Health and Human Services, in concurrence with the Attorney General, waive the Ryan Haight Act's requirement for in-person evaluation for buprenorphine initiation under the Opioid Crisis Public Health Emergency.

These policy decisions will have a lasting impact on the health and safety of some of the most vulnerable and underserved communities in our nation. A clear policy decision is essential for providers delivering services via telehealth to continue to operate in more accessible, equitable, and efficient ways, allowing quality care to get to patients when and how it is needed. We thank you for your time and welcome any opportunity to discuss our experience leveraging telehealth modalities to deliver opioid use disorder treatment.

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