

COALITION TO  
**STOP OPIOID**  
**OVERDOSE**

October 13, 2022

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

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

Dear Administrator Milgram and Assistant Secretary Delphin-Rittmon:

The undersigned addiction, mental health, recovery support, harm reduction, and healthcare professional organizations in the Coalition to Stop Opioid Overdose (CSOO) write to urge your agencies to extend the regulatory flexibilities that have allowed for the initiation of buprenorphine for opioid use disorder (OUD) by telehealth (including audio-only telephone) during the national emergency declared in response to the COVID-19 pandemic (COVID-19 PHE). **More specifically, the undersigned CSOO members request that DEA and SAMHSA grant continued telehealth flexibilities for buprenorphine for OUD during the national public health emergency declared in response to the opioid crisis (Opioid PHE). Further, the undersigned CSOO members respectively request that your agencies work to make those telehealth flexibilities permanent, as appropriate, based on findings of further studies.**

CSOO brings together a diverse range of organizations united around common policy goals to advocate for meaningful and comprehensive policy change to reduce opioid overdose deaths. The undersigned CSOO members applaud the efforts your agencies have made to expand access to addiction care during the COVID-19 PHE. However, the addiction and overdose crisis in America continues unabated, and counts of drug overdose deaths remain grim and devastating, while racial and ethnic disparities in these death counts worsen. These poor outcomes are preventable and call for strategic, targeted policy responses. Ensuring buprenorphine can continue to be initiated via telehealth (including audio-only telephone) during the Opioid PHE is one policy response that should help prevent more drug overdose deaths.

Buprenorphine is a safe and effective medication for the treatment of OUD that is too frequently inaccessible or unavailable for people with OUD. According to one study, less than 14 percent of



people with OUD receive methadone or buprenorphine for OUD nationally.<sup>1</sup> Prior to the COVID-19 PHE, telehealth for addiction care was limited by longstanding obstacles, many of which were alleviated through emergency actions taken under the COVID-19 PHE. During the pandemic, telehealth became a valuable tool for more addiction clinicians<sup>2</sup> and provided greater access and convenience of treatment for people with OUD.<sup>3</sup> Furthermore, the use of telehealth for addiction care during the COVID-19 pandemic has been associated with improved retention of patients in addiction treatment<sup>4</sup> and lower odds of medically treated overdose.<sup>5</sup>

Additionally, it is critically important to retain these emergency regulatory flexibilities during the Opioid PHE to advance health equity. People who are racially and ethnically minoritized are less likely to be offered buprenorphine for OUD.<sup>6</sup> Moreover, if complex technologies too quickly become the standard modality for telehealth, they have the potential to exacerbate existing health disparities. In a recent study, telehealth patients who were Black, and telehealth patients with lower incomes, were more likely to use audio-only, rather than audio-visual telehealth visits.<sup>7</sup>

To date, the Opioid PHE has been underutilized as a vehicle to expand access to addiction care. Therefore, we strongly urge your agencies to take immediate actions to ensure the regulatory flexibilities described herein are extended under the longstanding Opioid PHE and undergo further study. People who struggle with OUD deserve equitable access to evidence-based treatments. These actions by your agencies would bring our nation one step closer to making that aspiration a reality.

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<sup>1</sup> Krawczyk N, Rivera BD, Jent V, Keyes KM, Jones CM, Cerdá M. Has the treatment gap for opioid use disorder narrowed in the U.S.?: A yearly assessment from 2010 to 2019". *Int J Drug Policy*. Published online July 19, 2022:103786. doi:10.1016/j.drugpo.2022.103786

<sup>2</sup> Beetham, Tamara, M. D. David A. Fiellin, and PhD Susan H. Busch. "Physician Response to COVID-19–Driven Telehealth Flexibility for Opioid Use Disorder." *The American Journal of Managed Care*, September 2022, 28, no. 9 (September 13, 2022). <https://www.ajmc.com/view/physician-response-to-covid-19-driven-telehealth-flexibility-for-opioid-use-disorder>.

<sup>3</sup> Uscher-Pines L, Sousa J, Raja P, Mehrotra A, Barnett M, Huskamp HA. Treatment of opioid use disorder during COVID-19: Experiences of clinicians transitioning to telemedicine. *J Subst Abuse Treat*. 2020;118:108124. doi:10.1016/j.jsat.2020.108124

<sup>4</sup> Lin, Lewei Allison, Lan Zhang, Hyungjin Myra Kim, and Madeline C. Frost. "Impact of COVID-19 Telehealth Policy Changes on Buprenorphine Treatment for Opioid Use Disorder." *The American Journal of Psychiatry* 179, no. 10 (October 2022): 740–47. <https://doi.org/10.1176/appi.ajp.21111141>.

<sup>5</sup> Jones, Christopher M., Carla Shoff, Kevin Hodges, Carlos Blanco, Jan L. Losby, Shari M. Ling, and Wilson M. Compton. "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*, August 31, 2022. <https://doi.org/10.1001/jamapsychiatry.2022.2284>.

<sup>6</sup> Lagisetty, Pooja A., Ryan Ross, Amy Bohnert, Michael Clay, and Donovan T. Maust. "Buprenorphine Treatment Divide by Race/Ethnicity and Payment." *JAMA Psychiatry* 76, no. 9 (September 1, 2019): 979–81. <https://doi.org/10.1001/jamapsychiatry.2019.0876>.

<sup>7</sup> Eberly LA, Kallan MJ, Julien HM, et al. Patient Characteristics Associated With Telemedicine Access for Primary and Specialty Ambulatory Care During the COVID-19 Pandemic. *JAMA Netw Open*. 2020;3(12):e2031640. doi:10.1001/jamanetworkopen.2020.31640



Sincerely,

Addiction Professionals of North Carolina

American Academy of PAs

American Association of Nurse Practitioners

American College of Emergency Physicians

American College of Medical Toxicology

American College of Obstetricians and Gynecologists

American Osteopathic Academy of Addiction Medicine

American Society of Addiction Medicine

A New PATH (Parents for Addiction Treatment & Healing)

Association for Behavioral Health and Wellness

Behavioral Health Association of Providers

California Consortium of Addiction Programs & Professionals

Faces & Voices of Recovery

HIV Alliance

National Board for Certified Counselors

National Council for Mental Wellbeing

Partnership to End Addiction

San Francisco AIDS Foundation

Shatterproof

SMART Recovery

Stop Stigma Now

The Kennedy Forum

Treatment Communities of America

Young People in Recovery