



March 1, 2022

The Honorable Richard Neal
Chair
U.S. House of Representatives Ways and Means Committee
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
U.S. House of Representatives Ways and Means Committee
Washington, DC 20515

RE: ATA Action Comments in Response to Substance Use, Suicide Risk, and the American Health System Hearing

Dear Chair Neal and Ranking Member Brady,

On behalf of ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, we want to thank you for holding this timely and momentous hearing on *Substance Use, Suicide Risk, and the American Health System* to better understand how Congress can permanently address the behavioral and mental health needs of millions of Americans. As you are well aware, the impacts of the pandemic have touched all Americans. Nationwide we're seeing alarming increases in rates of anxiety, depression, and substance use disorders. During this uncertain time, telehealth flexibilities, like the ability to serve a patient in their home and provide audio-only services, have been effective in allowing many individuals and families to access clinically appropriate care. We know that even as the pandemic subsides, the mental health needs of our communities are not going to lessen. As a result, there is clear urgency for decisive policy solutions that will enable mental and behavioral health providers to deliver care when and where consumers need it most.

Prior to the COVID-19 pandemic, due to the Ryan Haight Act, a patient must have had an in-person visit before a provider could prescribe controlled substances by means of the internet. During COVID-19, the Drug Enforcement Agency (DEA), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), used the Ryan Haight Act's "public health" emergency (PHE) exception to temporarily waive the in-person requirement. Thus far, there has been no evidence that the flexibility allowed during the PHE has resulted in an increase in illegal drug diversion, inappropriate prescribing, or the prevalence of opioid dependency. On the contrary, having easier access to critical care is helping to combat the spikes in mental health and substance use.

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ATA Action believes the ultimate choice regarding a patient's care plan, including the modality of care and clinically valid services, should be the decision of an empowered patient and their provider in accordance with the standard of care. We are urging all U.S. policymakers to ensure patients continue to have access to certain controlled substances prescribed via telemedicine once the PHE ends by supporting legislation (TREATS Act, [S.340/H.R.1647](#)) that would permanently remove this in-person exam requirement. For more information, please see the ATA's recommendations on [Ensuring Appropriate Treatment and Protecting Patients Through Online Prescribing](#).

Again, thank you for holding this hearing and considering our comments. We appreciate your leadership in advancing policies to address the mental and behavioral health needs of millions of Americans. If you have any questions or would like to discuss our recommendations further, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", is written over a light grey circular watermark.

Kyle Zebley
Executive Director
ATA Action

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