



December 11, 2023

Senator Bernie Sanders
Chair
Senate Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC, 20510

Senator Bill Cassidy, M.D.
Ranking Member
Senate Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC, 20510

Dear Chair Sanders and Ranking Members Cassidy,

On behalf of ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, **thank you for your continued support of telehealth and for holding a markup this week on the SUPPORT for Patients and Communities Reauthorization Act (S.3393)**. Ensuring that all patients are able to continue to receive lifesaving treatments and care remotely post CY2024 without barriers such as in-person requirements is a top priority for ATA Action. To that end, **we are pleased to see Section 210 included, a provision that would require the Attorney General in conjunction with the United States Health and Human Services (HHS) to promulgate a special registration process for the remote prescribing of controlled substances** - ultimately providing a streamlined process for providers to prescribe controlled substances via telehealth without an in-person visit.

Similarly, in advance of the markup **we also wanted to acknowledge our support of the bipartisan, bicameral Telehealth Response for E-prescribing Addiction Therapy Services Act (TREATS) Act (S.3193, H.R. 5163)**. This legislation would permanently remove the in-person exam requirement for the prescription of controlled substances for the use of substance use and opioid use disorders. Barriers to OUD care such as, stigmatization of opioid users, shortage of MOUD providers, prohibitive costs, and lack of flexibility of in-person treatment options, have contributed to the fact that more than 85% of people with OUD are not in treatment.¹ Telehealth has proven to assist in alleviating these barriers and expand access to care. For example, 31% of patients report no prior MOUD treatment before receiving care via telehealth.² This is an important issue that must be addressed before the end of CY2024 when the remote prescription of controlled substance flexibilities are currently set to expire. **Therefore, should the TREATS Act be offered as an amendment, we encourage the committee to support and advance it with bipartisan support.**

¹ North American Lambert Conformal Conic Projection Source: Haffajee et al., 2019. Characteristics of US Counties with High Opioid Overdose Mortality and Low Capacity to Deliver Medications for Opioid Use Disorder. JAMA Network Open 2(6):e196373. doi: 10.1001/jama-networkopen.2019.6373

² [6] Rollston, Gallogly, Hoffman, Tewari, Powers, Clear, et al. "Collaborative, patient-centered care model that provides tech-enabled treatment of opioid use disorder via telehealth." BMJ Innovations, February, 2022. <https://innovations.bmj.com/content/bmjinnov/8/2/117.full.pdf>



We hope, even if the TREATS Act was enacted, since it would solve telehealth access issues only for those with OUD/SUD, that Congress and the DEA will work together to create a permanent pathway for the remote prescribing of controlled substances for ALL patients so that nobody is left behind. ATA Action believes that telehealth is health and that clinical judgment should be left to the clinician. There are not distinctions for prescribing of controlled substances for different conditions or treatments for in-person providers, nor should there be for telemedicine providers.

We appreciate your consideration and work on these important issues. Please reach out to kzebley@ataaction.org if you have any questions. We look forward to working with you and your staff in the future on telehealth issues.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley".

Kyle Zebley
Executive Director
ATA Action