



January 5, 2024

Brendan Atwood  
Public Health Policy Director  
Vermont Department of Health  
[Brendan.Atwood@vermont.gov](mailto:Brendan.Atwood@vermont.gov)

**RE: ATA ACTION COMMENTS ON PROPOSED RULES GOVERNING  
MEDICATIONS FOR OPIOID USE DISORDER ANNOTATED TEXT**

Dear Mr. Atwood,

On behalf of ATA Action, I am writing to you to express support for provisions of the ongoing rules governing medications for Opioid Use Disorder rulemaking. The proposed rules include telehealth provisions not included in the emergency rule adopted in August of 2023, and ATA Action supports their inclusion in the permanent version of the rule.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth coverage and fair payment policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

The adoption of these proposed rules would serve as a rational expansion of Vermont's telehealth and opioid use disorder treatment policy. By enabling eligible Medication for Opioid Use Disorder (MOUD) providers to prescribe MOUD and conduct evaluation requirements via telehealth the Department of Health will open the door to greater flexibility and choice for patients when accessing the care and treatment they need for Opioid Use Disorder (OUD). Not only can telehealth be more convenient for patients, but it can also come with cost savings, particularly for those in rural or underserved areas who may have to make long trips or take time off work to access care which a telehealth appointment can provide without the need for such efforts. Furthermore, telehealth care for MOUD is an attractive option for patients who face stigma while seeking treatment for OUD, especially in small communities.

Additionally, telehealth has proven to be a very effective tool for treating OUD. An October 2023 study found that Medicaid enrollees who initiated buprenorphine treatment for OUD via telemedicine had better odds of 90-day retention when compared to patients who did not initiate

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through telemedicine.<sup>1</sup> Furthermore, use of telemedicine initiation was not associated with any increase in opioid-related nonfatal overdose.<sup>2</sup> Finally, a study of both rural and urban areas in New York showed that “telemedicine for buprenorphine initiation is eliminating many traditional barriers to treatment, in particular for individuals leaving incarceration, and people who use drugs and access syringe service programs.”<sup>3</sup> With the proven success of telemedicine as a tool in helping patients with OUD, ATA Action is thrilled to support the Department’s decision to include telemedicine modalities in the reworking of the rules governing MOUD.

Finally, ATA Action is also supportive of the modality neutral definition of telehealth included in the proposed rule by the Department. By allowing for asynchronous modalities such as store and forward and telemonitoring technologies, in addition to synchronous telemedicine modalities, the Department is providing the greatest possible flexibility for patients and providers to receive and deliver care for MOUD.

Thank you for your support for telemedicine. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telemedicine policy in Vermont. If you have any questions or would like to engage in additional discussion regarding the telemedicine industry’s perspective, please contact me at [kzebley@ataaction.org](mailto:kzebley@ataaction.org).

Kind regards,

Kyle Zebley  
Executive Director  
ATA Action

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<sup>1</sup> Hammerslag LR, Mack A, Chandler RK, et al. Telemedicine Buprenorphine Initiation and Retention in Opioid Use Disorder Treatment for Medicaid Enrollees. *JAMA Netw Open*. 2023;6(10):e2336914.

<sup>2</sup> Hammerslag LR, Mack A, Chandler RK, et al.

<sup>3</sup> Wang, L., Weiss, J., Ryan, E. B., Waldman, J., Rubin, S., & Griffin, J. L. (2021). Telemedicine increases access to buprenorphine initiation during the COVID-19 pandemic. *Journal of substance abuse treatment*, 124, 108272.

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