



April 15, 2025

The Honorable Marie Pinkney
Chair, Senate Health & Social Services Committee
Delaware General Assembly
411 Legislative Avenue
Dover, DE 19901

RE: ATA ACTION SUPPORT FOR SENATE BILL 101

Dear Chair Pinkney and members of the Health & Human Services Committee:

On behalf of ATA Action, I am writing to you to express support for Senate Bill 101 regarding the definition of the patient provider relationship and treatment for Opioid Use Disorder.

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.

Senate Bill 101 provides essential clarity for Delaware's telehealth and Opioid Use Disorder (OUD) treatment policy. By clarifying the definition of patient-practitioner relationship to include the provision of treatment for OUD after establishing a provider-patient relationship via telehealth, this legislation will facilitate greater flexibility and choice for patients when accessing the care and treatment they need. Furthermore, by resolving existing confusion between Delaware's Telehealth Access Act and the Uniform Controlled Substances Act, SB 101 will provide necessary clarity for Delaware OUD treatment providers and confidence to utilize telehealth as a care option for their patients.

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 OUD is an attractive option for patients who face stigma while seeking treatment, 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.¹ Furthermore, use of telemedicine initiation was not associated with any increase in opioid-related nonfatal overdoses.² 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.”³ With the proven success of telemedicine as a tool in helping patients with OUD, ATA Action is thrilled to see the legislature introduce and consider this legislation to expand patient access to care.

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 Delaware. 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.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", with a stylized flourish at the end.

Kyle Zebley
Executive Director
ATA Action

¹ 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.

² Hammerslag LR, Mack A, Chandler RK, et al.

³ 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.