July 1, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary, Department of Health and Human Services
200 Independence Avenue, S.W., Washington, D.C. 20201
REPORTSCLEARANCEOFFICER@ahrq.hhs.gov | Subject: Great American Recovery

Re: ATA Action Response to HHS Request for Comment on Chronic Disease of Addiction (91 FR 35221)

Dear Secretary Kennedy:

ATA Action, the advocacy arm of the American Telemedicine Association (ATA), respectfully submits these comments in response to HHS's Request for Information on the Chronic Disease of Addiction. ATA and ATA Action represent the full continuum of telehealth stakeholders—patients, providers, health systems, technology companies, and payers—united by the goal of advancing access to high-quality care through virtual delivery. We commend the Department's commitment to the Great American Recovery Initiative and write to underscore a critical, evidence-based tool that must be central to that effort: telehealth.

Telehealth is a proven, life-saving modality for addiction care that can reach patients traditional in-person systems have failed to serve. Of the estimated five million Americans with opioid use disorder (OUD), only one in five currently receives medication, the most effective treatment available.[1] A landmark 2023 study in JAMA Psychiatry—analyzing over 175,000 Medicare beneficiaries—found that receipt of OUD-related telehealth services and medications for OUD during the COVID-19 pandemic was associated with significantly reduced odds of fatal drug overdose.[2] A 2024 study from Oregon Health & Science University found that patients who initiated buprenorphine via telehealth had more than twice the six-month retention rate of those who began in traditional office-based settings—3.8% discontinued treatment compared to 9.7%.[3] These findings reflect a broader evidence base establishing that telehealth-delivered addiction care is comparable to, and in some cases better than, in-person treatment on key access and outcome measures.

ATA Action has long acted on this evidence. We publicly supported the TREATS Act and strongly supported the January 2025 DEA/HHS joint final rule permanently allowing patients to receive buprenorphine prescriptions via telehealth without a prior in-person visit. While the TREATS Act is a great first step, it would solve telehealth access issues only for those with OUD/SUD, and the January 2025 joint DEA/HHS final rule for buprenorphine isn't workable without a permanent pathway for the remote prescribing of controlled substances for all patients. To that end, we urge HHS to work with DEA to finalize a workable special registration framework extending these flexibilities to the full range of controlled substances used in addiction medicine, a step that would immediately expand the effective reach of existing providers at no new cost to the federal government.

With respect to the RFI's specific questions, ATA Action offers the following:

- On evidence-based programs (Q1): Telehealth-initiated MOUD, particularly buprenorphine, is among the most rigorously validated program modalities available, as demonstrated by the studies cited above and implementation data from SAMHSA's OTP network.
- On policy recommendations (Q2): HHS should direct CMS and SAMHSA to issue joint guidance affirming that MHPAEA parity requirements apply in full to telehealth delivery of SUD services, and include telehealth parity compliance as a metric in managed care oversight.

- On practitioner supply (Q4): With HRSA projecting shortfalls of 77,050 addiction counselors and 99,780 mental health counselors nationally, telehealth is the fastest and lowest-cost mechanism to extend the reach of existing providers—HHS should ensure no federal program inadvertently creates barriers to virtual SUD care and should update workforce shortage designations to reflect telehealth's capacity-multiplying effect.
- On data and technology (Q5): Telehealth platforms generate real-time adherence and engagement data at scale; HHS should direct SAMHSA and ONC to establish standards for telehealth-derived behavioral health data as part of the BHIT initiative to enable near-real-time program monitoring.

ATA Action urges the Department to center telehealth in the Great American Recovery Initiative, build upon the flexibilities already secured, and eliminate remaining coverage and regulatory barriers that limit virtual addiction care's reach. We welcome the opportunity to engage further with HHS on any of the above.

Respectfully submitted,

Joe Nye
Head of Federal Government Relations, ATA Action
jnye@ataaction.org

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[1] Pew Charitable Trusts, "Federal Government Permanently Extends Addiction Treatment Through Telehealth," January 2026 (citing SAMHSA/HHS data).

[2] Jones CM, Shoff C, Blanco C, et al. JAMA Psychiatry. 2023;80(5):508-514. doi:10.1001/jamapsychiatry.2023.0310.

[3] "Buprenorphine Discontinuation in Telehealth-Only Treatment for OUD." Journal of Substance Use & Addiction Treatment, 2024 (OHSU). doi:10.1016/j.josat.2024.209223.