



**FOR IMMEDIATE RELEASE**

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**THE ASSOCIATION FOR BEHAVIORAL HEALTH AND WELLNESS COMMENTS  
ON DEA'S PROPOSED RULES FOR PRESCRIBING OF CONTROLLED  
MEDICATIONS VIA TELEMEDICINE**

**Washington, DC** - The Association for Behavioral Health and Wellness (ABHW), the national voice for payers that manage behavioral health insurance benefits for over 200 million people, submitted comments on the Drug Enforcement Administration (DEA)'s proposed rules for the [Expansion of Induction of Buprenorphine via Telemedicine Encounter](#) and [Telemedicine Prescribing of Controlled Substances When the Practitioner and the Patient Have Not Had a Prior In-Person Medical Evaluation](#).

ABHW members are committed to curbing the opioid epidemic and supporting a continuum of evidence-based, person-centered approaches to treat individuals with substance use disorders (SUDs). ABHW is grateful to the DEA for the flexibility and quick response during the COVID-19 public health emergency (PHE), which expanded access to necessary substance use treatment via telemedicine. ABHW also understands and appreciates the DEA's responsibility to provide adequate controls against diversion and protect public health and safety. However, ABHW believes that the proposed rules will impede access to treatment.

ABHW submitted the following comments for consideration, among others:

- **Removal of In-Person Requirement for Buprenorphine** – ABHW feels strongly that the DEA should remove the in-person visit requirement for the prescribing of buprenorphine as this will result in reduced access to care.
- **Delay Implementation Until the End of the Opioid PHE** – ABHW recommends that the implementation of these proposed rules, with our

suggested modifications, be delayed until after the expiration of the Opioid Public Health Emergency.

- **Develop a Less Restrictive Special Registration Pathway for Telehealth Prescribing** – ABHW believes that the proposed rules are not a substitute for the congressionally mandated special registration required under the Ryan Haight Act and the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, and urges the DEA to issue a special registration to provide a separate enhanced pathway to less restrictive telehealth prescribing for providers.

Full comments on the proposed rules for the Expansion of Induction of Buprenorphine via Telemedicine Encounter can be found [here](#) and Telemedicine Prescribing of Controlled Substances When the Practitioner and the Patient Have Not Had a Prior In-Person Medical Evaluation can be found [here](#).

“ABHW firmly believes that the DEA should remove the proposed in-person visit requirement for prescribing buprenorphine,” said Pamela Greenberg, President and CEO of ABHW. “This requirement will create an unnecessary barrier for people seeking opioid use disorder treatment. Given that our nation’s overdose epidemic – now driven primarily by synthetic opioids – claimed the lives of nearly [108,000 Americans for the year ending October 2022](#), we need greater access to evidence-based treatment, not unnecessary restrictions.”

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#### **ABOUT THE ASSOCIATION FOR BEHAVIORAL HEALTH AND WELLNESS**

ABHW is the leading health plan association working to improve access and quality of care for mental health and substance use disorders. ABHW’s members include national and regional health plans who care for more than 200 million people. Together, we work to reduce stigma and advance federal policy on mental health and substance use disorder care. ABHW member companies - Aetna Behavioral Health, AmeriHealth Caritas, Elevance Health, Centene Corporation/Magellan Health, Evernorth, a Cigna company, Kaiser Permanente, Molina Healthcare, New Directions Behavioral Health/Lucet, Optum, and PerformCare, a subsidiary of AmeriHealth Caritas. To learn more, visit [www.abhw.org](http://www.abhw.org) and follow us on [Twitter](#) and [LinkedIn](#).