



August 28, 2023

Director Nora Volkow  
National Institute on Drug Abuse  
16071 Industrial Dr.  
Gaithersburg, MD 20892

**Re: Request for Information: Soliciting data on the impact of telehealth initiation of controlled substances permitted under the COVID-19 Public Health Emergency**

Dear Director Volkow,

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to respond to the National Institutes of Health (NIH) National Institute on Drug Abuse's (NIDA) request for information on the impact of telehealth initiation of controlled substances under the COVID-19 public health emergency (PHE) which was subsequently extended on May 11, 2023.

ABHW is the national voice for payers managing behavioral health insurance benefits. ABHW member companies provide coverage to approximately 200 million people in the public and private sectors to treat mental health (MH), substance use disorders (SUDs), and other behaviors that impact health and wellness.

Our organization aims to increase access, drive integration, support prevention, raise awareness, reduce stigma, and advance evidence-based treatment and quality outcomes. Furthermore, through our policy work, we strive to promote equal access to quality treatment and address the stark inequities created by systemic racism. We are deeply concerned about health disparities in MH and SUD services in this country and are committed to promoting health equity in the healthcare system. Across the nation, the opioid crisis has been exacerbated by the COVID-19 pandemic, and the barriers to access to Medication for Opioid Use Disorder (MOUD) treatment have further come to the forefront, especially in communities of color. With increasing annual deaths from opioid overdoses, enhancing access to MOUD is more critical than ever. We are additionally concerned about the availability of stimulant medication to treat Attention-Deficit Hyperactivity Disorder (ADHD).

Drug overdose deaths skyrocketed in the U.S. during the first year of the COVID-19 pandemic, increasing by 30.6% in 12 months. Black, American Indian, and Alaska Native people have the highest overdose death rates and limited access to Opioid Use Disorder

(OUD) medications. There is a particular need for OUD treatment and immediacy to expand buprenorphine and other MOUD access.<sup>1</sup>

Buprenorphine is one of the gold standards of care for OUD. The medication prevents painful withdrawal symptoms and, in doing so, helps people secure long-term recovery and cuts the risk of overdose death in half. The drug has been approved by the U.S. Food and Drug Administration (FDA) for nearly twenty years. Data demonstrates that it is one of the safest medications healthcare providers prescribe - far safer than common medications like insulin and blood thinners. According to a Journal of American Medical Association study published in January of 2023, the increased flexibility for buprenorphine-based treatment for OUD during the COVID-19 pandemic has not been associated with an increased proportion of overdose deaths.<sup>2</sup> The study reporting on data captured during the COVID-19 PHE and the telehealth prescribing changes implemented during the PHE, demonstrated that the risks of diversion in prescribing buprenorphine are low.<sup>3</sup> Allowing telehealth prescribing of buprenorphine during the PHE was not associated with increased overdose deaths. On the contrary, it improved access to care and addressed health inequities in primary care programs.<sup>4</sup>

ABHW members have seen significant benefits to patients using telehealth prescribing for MOUD. One member reported that a patient was struggling with withdrawal and the ongoing expense of attending a methadone clinic. He grew frustrated with the process and the cost of the program. He was on the verge of going to a residential treatment program or even starting to use again, as he could not locate any buprenorphine providers. Our member assisted him and within two hours, helped him make an appointment with a virtual MOUD provider. This avoided a possible relapse. Another example one of our members shared was of telehealth ensuring continuity of care. A female patient was placed on buprenorphine due to the safety of the medication during pregnancy and was having a problem accessing her prescription because of the license of her suboxone prescriber. The patient had been successfully abstinent from opiates and other substances while taking Suboxone. Because no other in-person options were available, the ABHW member referred the patient to a virtual MOUD provider to ensure her continued access to care.

Telehealth has also been an effective delivery model for treating ADHD. The PHE has allowed for new opportunities in developing individualized treatment interventions, such

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<sup>1</sup> <https://wfw.cdc.gov/nchs/products/databriefs/db457.htm#print>

<sup>2</sup> [Trends and characteristics of buprenorphine-involved overdose deaths before and during the COVID-19 pandemic](#), January 2023

<sup>3</sup> Id.

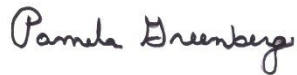
<sup>4</sup> Comparing telemedicine to in-person buprenorphine treatment in U.S. veterans with opioid use disorder, *Journal Substance Abuse Treatment*, 2022 Feb;133:108492. doi: 10.1016/j.jsat.2021.108492. Epub 2021 May 28. <https://pubmed.ncbi.nlm.nih.gov/34175175/>; Use of and Retention on Video, Telephone, and In-Person Buprenorphine Treatment for Opioid Use Disorder During the COVID-19 Pandemic, *JAMA Netw Open*. 2022;5(10):e2236298 available at

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797201>

as remote monitoring of symptoms.<sup>5</sup> One study analyzed initial visits for ADHD from January 1, 2020, through March 31, 2023, to determine medication prescribing rates for telehealth and office visits.<sup>6</sup> The study found that prescribing rates for ADHD medication within 30 days of initial diagnosis were similar for telehealth and office visits. The study excluded from its findings telehealth visits with telehealth-only providers. These results suggest that for health systems providing mental health services, providers are no more or less likely to prescribe medication during a telehealth visit than during an office visit for ADHD. Telehealth and prescribing stimulants have not led to an over-diagnosing of ADHD.

Thank you for the opportunity to provide feedback on this request for information. ABHW is committed to working with the NIH, NIDA, the Drug Enforcement Administration (DEA), and other partners to improve access to behavioral health treatment for all Americans. If you have questions, please contact Kathryn Cohen, Senior Director of Regulatory Affairs, at [cohen@abhw.org](mailto:cohen@abhw.org).

Sincerely,



Pamela Greenberg, MPP  
President and CEO

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<sup>5</sup> The Impact of the COVID-19 Pandemic on Diagnosing and Treating Attention Deficit Hyperactivity Disorder: New Challenges on Initializing and Optimizing Pharmacological Treatment, <https://pubmed.ncbi.nlm.nih.gov/35463503/>

<sup>6</sup> ADHD Medications Prescribed at Similar Rates During Telehealth and In-Person Visits, <https://epicresearch.org/articles/adhd-medications-prescribed-at-similar-rates-during-telehealth-and-in-person-visits>