Maintaining Telemedicine Access to Addiction Medications

Experiencing stigma within traditional healthcare systems can be a barrier to care for people with substance use disorder (SUD). Using telehealth can lower barriers to accessing addiction medicine and help deliver more high quality addiction care in unconventional and community-based settings.

Why Pass Legislation Now?

Addiction medicine treatment gap: Only one in four Americans who need treatment for opioid use disorder (OUD) receive medications for treating OUD.* Research suggests that patients who receive treatment for OUD via telemedicine are more likely to receive medication for OUD.^

COVID-19 telemedicine flexibilities: During the COVID-19 pandemic, federal agencies allowed audio-visual or audio-only telemedicine initiation of buprenorphine, a medication approved to treat OUD, prompting sweeping changes to addiction care delivered via telemedicine, but these flexibilities are set to expire in December 2024.

Need for permanent telemedicine flexibilities: Making telemedicine flexibilities permanent for Schedule III-V medications that are approved for addiction treatment can help close the treatment gap for marginalized patient populations with SUD and support their recovery.

What You Can Do

Co-sponsor the TREATS Act (H.R. 5163 / S. 3193).

This legislation would **make permanent existing audio-video and audio-only telehealth evaluation exceptions** to the Ryan Haight Act's in-person exam requirement for initiating Schedule III-V medications approved for the treatment of SUD, including buprenorphine.

*Dowell D, Brown S, Gyawali S, et al. Treatment for Opioid Use Disorder: Population Estimates — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:567–574. DOI: http://dx.doi.org/10.15585/mmwr.mm7325a1; ^Jones CM, Han B, Baldwin GT, Einstein EB, Compton WM. Use of Medication for Opioid Use Disorder Among Adults With Past-Year Opioid Use Disorder in the US, 2021. JAMA Netw Open. 2023;6(8):e2327488. doi:10.1001/jamanetworkopen.2023.27488

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