



Georgia Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

OFFICERS

President

Michael A. Hall, MD

President Elect

Brian Pratt, MD

Secretary/Treasurer

William T. Boyett, MD, FASAM

Policy Chair

Tisha Titus, MD, MPH, FASAM

April 7, 2024

Jason Jones
Executive Director
Georgia Composite Medical Board
2 Martin Luther King Jr. Drive SE East Tower, 11th Floor
Atlanta, GA 30334

Re: GSAM's Concerns with the Georgia Composite Medical Board's (GCMB) Recent
Telemedicine Announcement

Dear Executive Director Jones,

On behalf of the Georgia Society of Addiction Medicine (GSAM), the statewide medical specialty society specializing in the prevention and treatment of addiction, we write today to express our concerns with the board's recent announcement that it will be ending pandemic era telemedicine flexibilities for the prescription of buprenorphine to treat opioid use disorder (OUD) on May 1, 2024. These flexibilities have been a lifeline for many of our patients who count on this lifesaving medication. As such, we urge the board to consider the implications for patients with OUD if this policy is implemented without amendment.

Last December, Georgia Composite Medical Board (GCMB) voted to rescind the telemedicine prescribing policy enabled by the Drug Enforcement Administration (DEA) during the COVID-19 pandemic which permitted the use of telemedicine for buprenorphine for the treatment of OUD without the need for an initial in-person exam.¹ In January, it was announced that the current GCMB policy aligning with DEA's current rule would remain in place until May 1, when the board would return to enforcement of the previous GCMB policy which requires in-person visits before the initial prescription of a controlled substance (in this case, buprenorphine) and then annual in-person visits on a thereafter.²

As the leading organization representing physicians and other clinicians treating addiction in Georgia, many of our members and their patients have seen first-hand that telemedicine is a critical tool to initiate and maintain treatment. The expansion of telemedicine prescribing authorities has increased access to addiction treatment at a time of surging overdose deaths in this state and nationwide. Medications to treat OUD are proven to significantly improve outcomes for patients.³ Research has shown that the broadened accessibility of these medications through enhanced telemedicine flexibilities was done safely and responsibly.⁴ During the COVID-19 public health emergency (PHE), telemedicine was successfully integrated by many clinicians, providing greater access and convenience for patients,^{5 6} and was associated with improved retention in addiction treatment.^{7 8}

However, should GCMB return to the previous policy requiring an in-person visit before prescribing medications for OUD (MOUD) via telemedicine, such action could inadvertently impede access to treatment, particularly for vulnerable populations. The patients who have benefited most from expanded telemedicine flexibilities during the PHE, including individuals experiencing homelessness, with disabilities, without reliable transportation, or who may live in counties that do not have an active prescriber of buprenorphine, stand to first lose access to lifesaving treatment if the GCMB allows enhanced prescribing flexibility access to expire for people needing treatment for OUD.

Last year, the DEA in conjunction with the Department of Health and Human Services (HHS) finalized a second temporary rule that extends telemedicine flexibilities adopted during the COVID-19 PHE.⁹ Specifically, the temporary rule permits the full suite of telemedicine flexibilities through the end of December 2024 for all practitioner-patient telemedicine relationships. These flexibilities include the ability for practitioners to prescribe medications to treat OUD without having first conducted an in-person visit with a patient, so long as the relationship abides by other federal and state regulations/laws.¹⁰ Further, earlier this month, the Substance Abuse and Mental Health Services (SAMHSA) permanently finalized pandemic-era telehealth flexibilities for opioid treatment programs (OTPs) allowing treatment to be initiated through telehealth, including methadone via audio-visual telehealth technology and buprenorphine via audio-only and audiovisual technology.¹¹

Until DEA releases a succeeding regulation and to ensure access to addiction treatment, GSAM requests that GCMB extend through 2024 its earlier guidance that aligns with the current federal regulation that does not require an in-person visit prior to the prescription of medications to treat OUD while engaging in the practice of telemedicine. In the interim, GSAM encourages GCMB to reinforce the longstanding precedent that services and procedures rendered, including for the evaluation and management of OUD, be for a legitimate medical purpose by a practitioner acting in the usual course of professional practice and adequately documented in the patient's medical record.

Thank you for the opportunity to comment on this matter of great importance to our members and Georgia patients with addiction. We look forward to a dialogue with GSMB about opportunities to promote the health and safety of all Georgians while combatting the deadly addiction and overdose crisis. Please contact me at michaelahallmd.gsam@gmail.com if I can provide further assistance.

Sincerely,

Michael Hall

Michael A. Hall, MD
President, Georgia Society of Addiction Medicine



Tisha Titus, MD, MPH Advocacy
Chair, Georgia Society of Addiction
Medicine

¹ Georgia Composite Medical Board. (2023). *Board updates position on Telehealth prescribing*. Georgia Composite Medical Board. <https://medicalboard.georgia.gov/press-releases/2023-12-07/board-updates-position-telehealth-prescribing>

² Georgia Composite Medical Board. (2024). *Board extends tele-prescribing flexibility until May 1*. <https://medicalboard.georgia.gov/press-releases/2024-01-10/board-extends-tele-prescribing-flexibility-until-may-1>

³ Substance Abuse and Mental Health Services Administration. (2024). *Medications for Substance Use Disorders*. SAMHSA. <https://www.samhsa.gov/medicationssubstance-use-disorders>

⁴ Tanz, L. J., Jones, C. M., Davis, N. L., Compton, W. M., Baldwin, G. T., Han, B., & Volkow, N. D. (2023). *Trends and characteristics of buprenorphine-involved overdose deaths prior to and during the COVID-19 pandemic*. *JAMA Network Open*, 6(1). <https://doi.org/10.1001/jamanetworkopen.2022.51856>

⁵ Wunsch, C., Wightman, R., Pratty, C., Jacka, B., Hallowell, B. D., Clark, S., Davis, C. S., & Samuels, E. A. (2022). *Thirty-day Treatment Continuation After Audio-only Buprenorphine Telehealth Initiation*. *Journal of Addiction Medicine*, 17(2), 206–209. <https://doi.org/10.1097/adm.0000000000001077>

⁶ Uscher-Pines, L., Sousa, J., Raja, P., Mehrotra, A., Barnett, M., & Huskamp, H. A. (2020). *Treatment of opioid use disorder during COVID-19: Experiences of clinicians transitioning to telemedicine*. *Journal of Substance Abuse Treatment*, 118, 108124. <https://doi.org/10.1016/j.jsat.2020.108124>

⁷ Jones, C. M., Shoff, C., Hodges, K., Blanco, C., Losby, J. L., Ling, S. M., & Compton, W. M. (2022). *Receipt of Telehealth Services, Receipt and Retention of Medications for Opioid Use Disorder, and Medically Treated Overdose Among Medicare Beneficiaries Before and During the COVID-19 Pandemic*. *JAMA Psychiatry*, 79(10), 981. <https://doi.org/10.1001/jamapsychiatry.2022.2284>

⁸ Ibid

⁹ Drug Enforcement Administration. (2023). *DEA and HHS Extend Telemedicine Flexibilities through 2024*. DEA. <https://www.dea.gov/documents/2023/2023-10/2023-10-06/dea-and-hhs-extend-telemedicine-flexibilities-through-2024#:~:text=United%20States%20Drug%20Enforcement%20Administration&text=Accordingly%2C%20DEA%2C%20jointly%20with%20the,flexibilities%20through%20December%2031%2C%202024.>

¹⁰ American Society of Addiction Medicine (ASAM). (2023). *Select Federal Policies Governing Methadone and Buprenorphine for Opioid Use Disorder*. asam.org. <https://www.asam.org/advocacy/practice-resources/regulatory-resources/select-federal-policies-addiction-medications>

¹¹ Albert Henry, T. (2024). *New rules enable telemedicine treatment for opioid-use disorder*. www.ama-assn.org. <https://www.ama-assn.org/delivering-care/overdose-epidemic/new-rules-enable-telemedicine-treatment-opioid-use-disorder>