November 20, 2026

The Honorable Mike DeWine
Governor of Ohio
Riffe Center, 30th Floor
77 South High Street
Columbus, OH 43215

Re: **Request to Veto House Bill 324**

Dear Governor DeWine:

On behalf of the Ohio Chapter of the American Society of Addiction Medicine (OHSAM), we respectfully urge you to veto House Bill 324 because of its unintended impact on access to treatment for opioid use disorder.

HB 324 would require an in-person examination before prescribing medications subject to an FDA Risk Evaluation and Mitigation Strategy (REMS). **Because buprenorphine, an evidence-based and lifesaving treatment for opioid use** disorder, is subject to a REMS, this provision would **require an in-person visit before a patient could begin buprenorphine treatment.**

This requirement creates a barrier at the moment patients are seeking treatment. Transportation difficulties, unstable housing, rural provider shortages, work and childcare responsibilities, and other barriers may make an in-person visit difficult or impossible. For these patients, the requirement could delay or prevent treatment from starting. **Access to buprenorphine through telehealth is a life-saving treatment for patients with opioid use disorder.**

Federal regulators have specifically recognized the importance of preserving telehealth initiation of buprenorphine. The DEA and HHS established a pathway allowing buprenorphine treatment to begin through telemedicine without a prior in-person examination, subject to appropriate safeguards, specifically to help prevent lapses in care. HB 324 would move Ohio in the opposite direction by making an in-person examination a prerequisite to treatment.

OHSAM

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This matters in Ohio, where 2,931 people died from unintentional drug overdoses in 2024, with fentanyl or fentanyl analogs involved in 69% of those deaths. Preserving **rapid access** to **evidence-based treatment** is essential to continuing Ohio's progress in **reducing overdose deaths.**

We support appropriate prescribing safeguards and in-person evaluation when clinically indicated. We are not asking that telehealth replace in-person care. We are asking that an in-person visit not be a mandatory prerequisite to starting buprenorphine when a clinician determines telehealth initiation is appropriate.

We respectfully ask you to veto HB 324 or otherwise ensure that telehealth initiation of buprenorphine for opioid use disorder remains available to Ohioans when clinically appropriate and consistent with federal law.

Thank you for your consideration and your continued commitment to addressing Ohio's overdose crisis.

Respectfully,



Akhil Anand, MD

President of the Ohio Chapter of the American Society of Addiction Medicine