



Louisiana Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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August 16, 2023

Terrie R. Thomas, MD
President
Louisiana State Board of Medical Examiners
630 Camp Street
New Orleans, LA 70130

Re: SB 66 Telehealth Law and Provisions Relating to Addiction Medicine

Dear Dr. Thomas,

On behalf of the Louisiana Society of Addiction Medicine (LASAM), the medical specialty society representing physicians and other clinicians in Louisiana who specialize in the prevention and treatment of addiction, thank you for your important work to ensure that the practice of medicine is safe and standardized throughout our state. We write today regarding the recent enactment of [SB 66](#) and the impact that its implementation may have on our members. Specifically, we are concerned that the language of the statute could be interpreted to require an in-person patient visit before practitioners can prescribe medications that treat opioid use disorder (OUD). We urge the board to consider the implications for patients with OUD during the implementation of SB 66.

On June 12, Governor John Bel Edwards officially signed SB 66 into law.¹ The law, scheduled to go into effect on January 1, 2024, addresses the continuation telehealth/telemedicine services after the termination of the COVID-19 public health emergency (PHE). The new law restricts the prescribing of controlled substances via telemedicine (including medications such as buprenorphine to treat OUD) until an in-person patient examination is completed. Further, SB 66 authorizes a state agency or professional or occupational licensing board to regulate any exceptions to this provision.

As the leading organization representing physicians and other clinicians treating addiction in Louisiana, many of our members and their patients depended on telehealth/telemedicine as a vital pathway to treatment during the pandemic and continue to do so. The expansion of telehealth has increased access to addiction treatment at a time of surging overdose deaths in this state and nationwide. Medications to treat OUD are an important tool, proven to significantly improve outcomes for patients.² Research has shown that the broadened accessibility of these medications through telehealth/telemedicine was done safely and responsibly.³ During the COVID-19 PHE, telehealth became a valuable tool for more addiction clinicians,⁴ providing greater access⁵ and convenience for patients,⁶ and was associated with improved retention in addiction treatment.^{7, 8} It is well-established that receipt of medications for OUD lowers the chances of overdose; a recent study found reduced medically treated overdoses among a cohort of patients who received medications for OUD during the COVID-19 pandemic, with high rates of telehealth use.⁹

However, should the Board eventually require an in-person visit before prescribing medications for OUD (MOUD) via telemedicine, such action could inadvertently impact access to treatment, particularly for vulnerable populations. The patients who have benefited most from expanded telehealth flexibilities during the PHE, including individuals experiencing homelessness, with disabilities,¹⁰ 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 Board finalizes regulations restricting access to telehealth/telemedicine for people needing treatment for OUD.

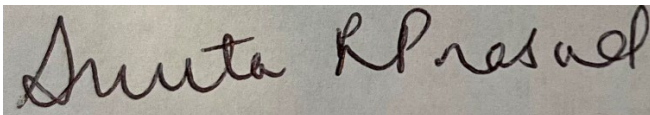
Recently, the US Drug Enforcement Administration (DEA) in conjunction with the Substance Abuse and Mental Health Services Administration (SAMHSA) [finalized](#) a temporary rule through November 11, 2023 that extends telemedicine flexibilities adopted during the COVID-19 PHE. Specifically, the temporary rule permits the full suite of telemedicine flexibilities until November 2024 for practitioner-patient telemedicine relationships that have been established or will be established by November 11, 2023. 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.

Until DEA releases a succeeding regulation, LASAM requests that the Board work to ensure that its regulations governing the use of telemedicine to treat OUD comport 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, instead, 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.

Additionally, we request that LSBME consider adding exceptions to SB 66's telehealth requirements allowing board certified addiction specialist physicians licensed in this state to induce MOUD by telemedicine as to extend accessibility of evidence-based treatment for Louisiana patients especially those living in more remote areas.

Thank you for the opportunity to comment on this important policy issue for our members and Louisiana patients with OUD. Please do not hesitate to contact me at smita.prasad@gmail.com if you would like to continue dialogue about this matter. We are happy to assist and consult.

Sincerely,

A handwritten signature in black ink that reads "Smita Prasad". The signature is written in a cursive style and is contained within a rectangular box.

Smita Prasad, MD, MBA, MPH, FASAM
President, Louisiana Society of Addiction Medicine

CC: Aloma James
Chanta Bridges
Ebonne Shy

¹ Office of the Governor. (2023, June 19). Notice: Bills Signed by Gov. Edwards. Official Seal of the State of Louisiana. <https://gov.louisiana.gov/index.cfm/newsroom/detail/4163>

² Substance Abuse and Mental Health Services Administration. (2023). Medications for Substance Use Disorders. SAMHSA. <https://www.samhsa.gov/medications-substance-use-disorders>

³ Facher, L. (2023, January 20). Buprenorphine deaths did not increase despite wider access during pandemic, study shows. STAT. <https://www.statnews.com/2023/01/20/buprenorphine-deaths-did-not-increase-despite-wider-access-during-pandemic-study-shows/>

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7. Lin, L., Zhang, L., Kim, H. M., & Frost, M. C. (2022). Impact of covid-19 telehealth policy changes on buprenorphine treatment for opioid use disorder. *American Journal of Psychiatry*, 179(10), 740–747. <https://doi.org/10.1176/appi.ajp.21111141>

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9 Ibid

10. Thomas, C. P., Stewart, M. T., Ledingham, E., Adams, R. S., Panas, L., & Reif, S. (2023). Quality of opioid use disorder treatment for persons with and without disabling conditions. *JAMA Network Open*, 6(3). <https://doi.org/10.1001/jamanetworkopen.2023.2052>