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Submitted electronically via www.regulations.gov

Administrator Anne Milgram
Drug Enforcement Administration
U.S. Department of Justice
8701 Morrissette Drive
Springfield, VA 22152

Re: Expansion of Induction of Buprenorphine via Telemedicine Encounter (Docket No. DEA-948)

Dear Administrator Milgram,

Vizient, Inc. appreciates the opportunity to respond to the Drug Enforcement Administration (DEA) Proposed Rule that aims to expand access to buprenorphine via telemedicine encounters (hereinafter "Proposed Rule"). The Proposed Rule would modify policies that were in place before the COVID-19 public health emergency (PHE) to increase the circumstances under which individual practitioners can prescribe schedule III-V narcotic drugs or combinations of such drugs that have been approved for maintenance or withdrawal management treatment (e.g., buprenorphine) via a telemedicine encounter. While Vizient applauds DEA for issuing the Proposed Rule, we emphasize the critical role that expanded access to buprenorphine has played in helping patients with opioid use disorder (OUD). We urge DEA to consider broadening the Proposed Rule's policies to better support patient access to treatment for OUD.

Background

Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality, and market performance for more than 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than $130 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Recommendations

Vizient appreciates the efforts of DEA to issue the Proposed Rule before the end of the COVID-19 PHE, as several flexibilities that have been afforded to providers and patients to support access to treatment for OUD will expire. In separate comments, Vizient responds to DEA's proposed rule regarding telemedicine prescribing of non-narcotic substances and schedule III-V non-narcotic medications and encourages DEA to broaden several proposed policies to better align with policies provided during the COVID-19 PHE.

In the Proposed Rule, DEA provides that up to a 30-day supply of buprenorphine may be prescribed as a medication for OUD after a first-time telemedicine consultation. To issue more than a 30-day supply of buprenorphine, an in-person medical evaluation of the patient is needed.[1] Recent research has highlighted that increased use of telehealth for OUD services during the COVID-19 PHE has been associated with a reduced risk of overdose.[2] Vizient is concerned that reduced access to medications for OUD, including in-person visit requirements enumerated in the Proposed Rule, will result in reduced adherence to treatment plans and increases in overdoses. Given the opioid epidemic persists, increased access to buprenorphine is still needed, and Vizient believes maintaining such access would be consistent with DEA's efforts to protect public health and safety. Further, this requirement would be especially problematic for patients who have access challenges, such as those in rural communities. With workforce challenges and rural hospital closures, in-person medical visits could take significantly longer to schedule. As such, Vizient urges DEA to make permanent the COVID-19 PHE policies that have allowed for broader access to buprenorphine when prescribed via telehealth.

Conclusion

Vizient thanks DEA for the opportunity to share feedback in response to the Proposed Rule. We believe it is imperative that the Proposed Rule be promptly finalized, with suggested modifications, to prevent significant disruptions to care. As previously noted, Vizient appreciates DEA's work to protect public health and safety and believes that broadened access to treatment for OUD is consistent with DEA's mission.

Vizient membership includes a wide variety of hospitals ranging from independent, community-based hospitals to large, integrated health care systems that serve acute and non-acute care needs. Additionally, many are specialized, including academic medical centers and pediatric facilities. Individually, our members are integral partners in their local communities, and many are ranked among the nation's top health care providers. In closing, on behalf of Vizient, I would like to thank the DEA for providing us the opportunity to comment on this important Proposed Rule. Please feel free to contact me or Jenna Stern at jenna.stern@vizientinc.com if you have any questions or if Vizient may provide any assistance as you consider these issues.

Respectfully submitted,

Shoshana Krilow
Senior Vice President of Public Policy and Government Relations
Vizient, Inc.

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[1] As provided in the Proposed Rule, to issue more than a 30-day supply an in-person medical evaluation of the patient is required. This in-person medical evaluation may include the patient's in-person visit with another practitioner while on an interactive video link with the prescribing practitioner. Also, prescriptions for buprenorphine written by medical practitioners via a telemedicine based referral will require additional recordkeeping obligations.

[2] 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):981-992, available at: https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2795953?guestAccessKey=ee7219e9-7be8-4f85-bf27-6313250cfea3&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=083122, last accessed March 22, 2023.