

February 28, 2025

Derek Maltz Acting Administrator Drug Enforcement Administration 8701 Morrissette Drive Springfield, VA 22152

RE: Docket No. DEA-948; Expansion of Induction of Buprenorphine via Telemedicine Encounter and Continuity of Care via Telemedicine for Veterans Affairs Patients.

Comment submitted electronically via regulations.gov.

Dear Acting Administrator Maltz,

The National Rural Health Association (NRHA) thanks the Drug Enforcement Administration (DEA) for the opportunity to comment on the delay of the effective date for the final rule *Expansion of Buprenorphine Treatment via Telemedicine Encounter* and *Continuity of Care via Telemedicine for Veterans Affairs Patients*. NRHA urges DEA to allow the final rules to go into effect no later than March 21, 2025.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, long-term care providers, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research. We appreciate the Department's continued commitment to the needs of the more than 60 million Americans that reside in rural areas, and we look forward to our continued collaboration to improve health care access throughout rural America.

NRHA was pleased to see these rules finalized as they will expand access to buprenorphine treatment for rural patients with opioid use disorder (OUD). We support provisions in the final rule that allow patients to receive buprenorphine prescriptions for six months through audio-video or audio-only telehealth visits without first receiving an in-person exam. Telemedicine helps break down barriers to access that are unique to rural communities. It is essential for rural patients that do not have local or nearby access to practitioners that prescribe medications for OUD, which is a large swath of rural communities. Providers that are willing and able to prescribe buprenorphine are scarce in rural areas with about one-third of rural residents living in a county without a buprenorphine provider compared to 2.2% of urban residents. Stigma is a significant concern for access to MOUD in rural communities, both among patients and providers. Rural patients also may feel more comfortable seeking treatment via telemedicine because they do not have to publicly seek sensitive services or reveal the nature of travel to care to friends and family.

NRHA understands that these two final rules are subject to a recent Presidential Memorandum directing federal agencies to delay pending rulemaking and delay the effective dates of recent final rules. The effective date of these two rules is delayed until March 21, 2025. NRHA urges the DEA to allow these rules to go into effect no later than March 21, 2025. It is critical that the DEA continue to recognize the importance of telemedicine flexibilities for OUD by implementing the final rules.



Finally, NRHA encourages DEA to put forth guidance regarding how the final buprenorphine expansion rule interplays with the *Third Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications* rule. Under that rule, patients are able to receive buprenorphine via telemedicine without any in-person examination through December 31, 2025. NRHA believes that a patient could receive an initial 6-month prescription under the *Expansion of Buprenorphine Treatment via Telemedicine Encounter* final rule and subsequently continue receiving prescriptions under the *Third Temporary Extension* rule. DEA should issue guidance explaining whether this is the case and how the rules interact.

NRHA thanks DEA for its work on expanding access to buprenorphine and for its consideration of our comments. If you have any questions, please contact Alexa McKinley (<u>amckinley@ruralhealth.us</u>).

Sincerely,

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Alan Morgan Chief Executive Officer National Rural Health Association