

## OFFICERS

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August 9, 2021

Sandra R. Shuffett, M.D., FACR President, Kentucky Board of Medical Licensure 310 Whittington Parkway Suite 1B Louisville, KY 40222

Re: Board Opinion Relating to Online/Virtual Medication Assisted Treatment (MAT)

Dear President Shuffett,

On behalf of the Kentucky Society of Addiction Medicine (KYSAM), the medical specialty society representing physicians and other clinicians in Kentucky who specialize in the prevention and treatment of addiction, I would like to take this opportunity to comment on the Kentucky Board of Medical Licensure's (KBML) recently released <u>Board Opinion Relating to Online/Virtual</u> <u>Medication Assisted Treatment</u>. The COVID-19 public health emergency is ongoing. Furthermore, the COVID-19 pandemic continues to pose a threat in Kentucky, where only 45% of the population is fully vaccinated.<sup>i</sup> It is critical that existing telemedicine flexibilities remain in place to ensure that those suffering from substance use disorder, including opioid use disorder (OUD), can access treatment. Therefore, we strongly urge KBML to immediately retract this opinion while the board works through these issues with interested stakeholders.

The COVID-19 pandemic forced addiction treatment practices across the country to adapt to the use of telemedicine to maintain access to care for their patients. Fortunately, the federal government, recognizing the extraordinary circumstances of the pandemic, as well as the ability of addiction treatment clinicians to offer appropriate care through telemedicine, relaxed certain regulations to accommodate the shift in treatment delivery modality. Specifically, the Substance Abuse and Mental Health Administration (SAMHSA) and the Drug Enforcement Administration (DEA) released guidance indicating that, for the duration of the COVID-19 Public Health Emergency (PHE), clinicians may use audio-only telemedicine to initiate patients on buprenorphine for OUD.<sup>ii</sup> This federal guidance appears to contradict the KBML opinion, which states that "[I]ikewise, it is not within acceptable and prevailing medical practice to render medication assisted treatment via... audio-only technologies." Patients, especially in rural areas, may lack access to the technology or broadband necessary to participate in audio-video telemedicine visits. The KBML opinion, by prohibiting use of audio-only technologies, even



while the federal government has expressly allowed use such technologies, will serve to decrease access to treatment for certain populations in Kentucky.

There are also a few significant contradictions between the KBML's opinion, and the American Society of Addiction Medicine (ASAM)'s guidance for the treatment of OUD during COVID-19. For example, ASAM's guidance on access to buprenorphine in office-based settings corroborates the feasibility and appropriateness of home induction of buprenorphine for OUD, noting that "[a]t-home initiation of buprenorphine (formerly called home "induction") does not require a perfectly accurate COWS assessment and has demonstrated feasibility and safety relative to office-based buprenorphine starts."<sup>iii</sup> Treatment of patients who have already initiated use of buprenorphine can similarly "...be accomplished with visual inspection alone, and partially and sufficiently evaluated through an audio-only platform as well (e.g., slurred speech might suggest use of alcohol or other opioids, while pressured speech might suggest stimulant use)."<sup>iv</sup>

The use of telemedicine is particularly helpful for patients who have been stable for a prolonged period of time. ASAM guidance specifically encourages clinicians to "[p]rovide buprenorphine refills to stable patients, without requiring in-person visits or drug testing."<sup>v</sup> ASAM's guidance on Adjusting Drug Testing Protocols also notes that "[t]reatment providers should explore options for drug testing at a distance such as using oral fluid-based tests and/or home breathalyzer tests monitored via telehealth."<sup>vi</sup> In the right circumstances, and with the right patients, addiction treatment clinicians can exercise appropriate clinical judgement to make use of telemedicine while mitigating risks.

KYSAM appreciates your leadership on this issue and believes that, with modifications and input from addiction specialist physicians, your opinion can mitigate the inappropriate use of telemedicine for addiction treatment while still maintaining life-saving access to addiction treatment for Kentucky's most vulnerable populations. We would greatly appreciate the opportunity to meet with members of the KBML to discuss this issue further. I can be reached at (502) 664-1803 or at jpmurphy.mpc@gmail.com. KYSAM looks forward to working with you.

Sincerely,

James Patrick Murphy, MD, MMM, DFASAM President, Kentucky Society of Addiction Medicine



<sup>i</sup> USA Facts. Kentucky Coronavirus Vaccination Progress. (August 2021). Available at: <u>https://usafacts.org/visualizations/covid-vaccine-tracker-states/state/kentucky</u>

<sup>ii</sup> FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency. Available at: <u>https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf</u>

<sup>III</sup> ASAM. Access to Buprenorphine in Office-Based Settings. (November 2020). Available at: https://www.asam.org/Quality-Science/covid-19-coronavirus/access-to-buprenorphine

<sup>iv</sup> ASAM. Access to Buprenorphine in Office-Based Settings. (November 2020). Available at: <u>https://www.asam.org/Quality-Science/covid-19-coronavirus/access-to-buprenorphine</u>

<sup>v</sup> ASAM. Access to Buprenorphine in Office-Based Settings. (November 2020). Available at: https://www.asam.org/Quality-Science/covid-19-coronavirus/access-to-buprenorphine

<sup>vi</sup> ASAM. Adjusting Drug Testing Protocols. Available at: <u>https://www.asam.org/Quality-Science/covid-19-</u> coronavirus/adjusting-drug-testing-protocols