

July 7, 2021

Christine Chang, MD, MPH
Acting Director
Center for Evidence and Practice Improvement
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20852

RE: Telehealth During COVID-19

Dear Dr. Chang:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to respond to the Agency for Healthcare Research and Quality's (AHRQ) key questions regarding the utilization and effectiveness of telehealth services during the COVID-19 pandemic. The AMA agrees with the AHRQ that there were numerous barriers to use of telehealth services before COVID-19 and that their removal prompted the dramatic increase in provision of these services that the nation witnessed in the spring of 2020. The AMA deeply appreciates the many policies adopted by the federal government at that time to facilitate the use of telehealth. In addition to those mentioned in AHRQ's background section, these included:

- Waiving geographic and originating site restrictions in the Medicare program, which allowed patients all over the country to access telehealth, not just those in rural areas, and allowed patients to receive telehealth services in their homes without having to go to a medical facility;
- Paying for Medicare telehealth services provided by office-based physicians at the same rates as in-office care, instead of at "facility" rates which are discounted by about 30 percent;
- Adding more than 150 services to the list of those that Medicare covers and pays for when they are delivered via telehealth, including critical care, home visits, and emergency visits, and lifting frequency restrictions on telehealth services for hospital and nursing facility patients;
- Allowing separate payment for audio-only visits, and increasing payment rates for these visits to be equivalent to in-person office visits; and
- Allowing controlled substances to be prescribed based on audio-only or audio-video visits, allowing buprenorphine to be prescribed to new patients based on audio-only or audio-video visits, and allowing stable patients being treated with methadone for opioid use disorder to have a take-home supply of their medication.

Christine Chang, MD, MPH

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Page 2

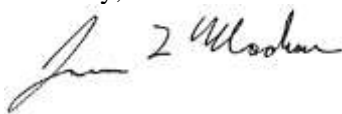
The steps that the government took to increase access to telehealth services in the Medicare program were widely adopted by other private and public health insurance plans and helped catalyze the widespread adoption of telehealth during COVID-19.

The AMA has participated in multiple surveys and research projects over the past 16 months designed to help physicians and policymakers understand the utilization and effectiveness of telehealth services during COVID-19. We collaborated with other organizations on surveys of patients and physicians conducted by The Telehealth Initiative and in the COVID-19 Health Coalition Telehealth Impact Study. The AMA also partnered with Manatt Health on research to develop a “Return on Health” framework which goes beyond examining telehealth services in isolation to articulate the value of digitally enabled care that combines virtual and in-person services to increase overall health and generate positive impacts for patients, physicians, payors, and society. The attached slide presentation draws upon the findings from all of these studies to respond to the key questions on telehealth during COVID-19 that have been posed by the AHRQ Effective Health Care Program.

To learn more about physicians’ use of the flexibility authorized by the Drug Enforcement Administration (DEA) during the COVID-19 public health emergency and inform the optimal policies after COVID-19, the AMA conducted a survey of physicians who treat patients with painful conditions. The AMA also assisted addiction medicine specialty organizations on a separate survey directed specifically at physicians and other health professionals who treat patients with opioid use disorder. The findings from both of these surveys were provided in a November 20, 2020 letter to the DEA, which is attached for your information.

The adoption of telehealth that occurred beginning in March 2020 during the COVID-19 pandemic has been an extremely important innovation in the delivery of health care services throughout the country. The AMA appreciates the opportunity to provide our views on the AHRQ key questions about telehealth. If you have any further questions or need additional information, please contact Sandy Marks, Senior Assistant Director, Federal Affairs, at sandy.marks@ama-assn.org. We would be happy to schedule a conference call at your convenience to present the attached slide deck.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

Attachments

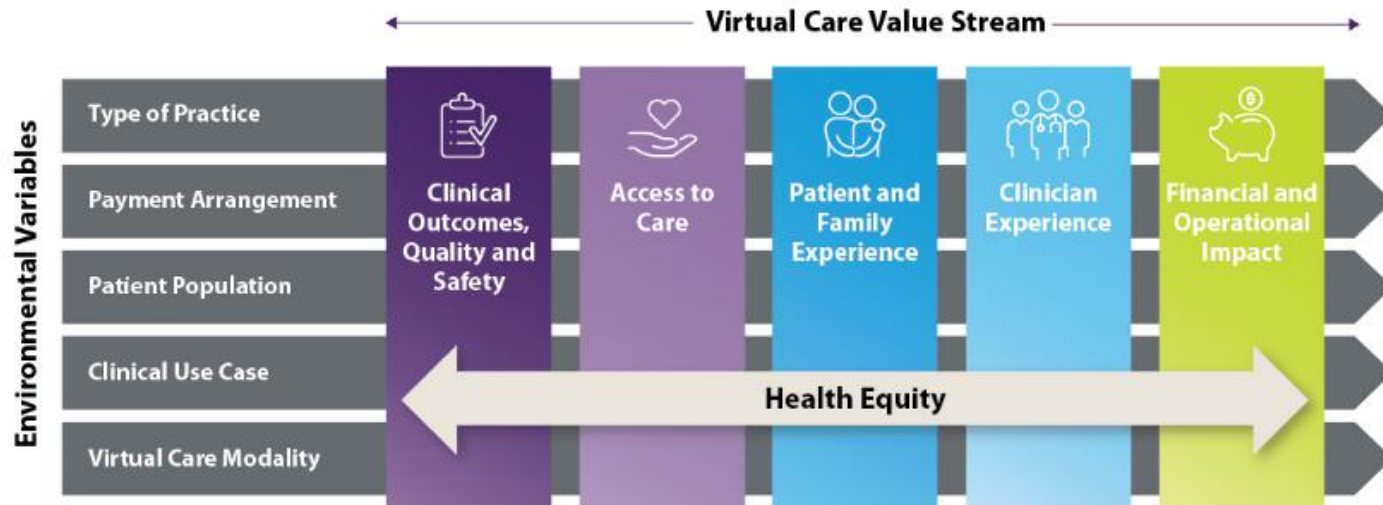


Telehealth During COVID-19: AMA Responses to AHRQ Key Questions

July 2021

What are the costs of implementation and return on investment for telehealth during the COVID-19 era to the provider/healthcare system?

The AMA's Return on Health research developed a framework for measuring the value of virtual care during COVID-19 and beyond: www.returnonhealth.org



What are the costs of implementation and return on investment for telehealth during the COVID-19 era to the provider/healthcare system?

As part of the Return on Health research, the AMA developed the following real-world case studies showing the impact of virtual care in various settings:



Telepsychiatry during COVID-19



Hypertension Digital Medicine Program



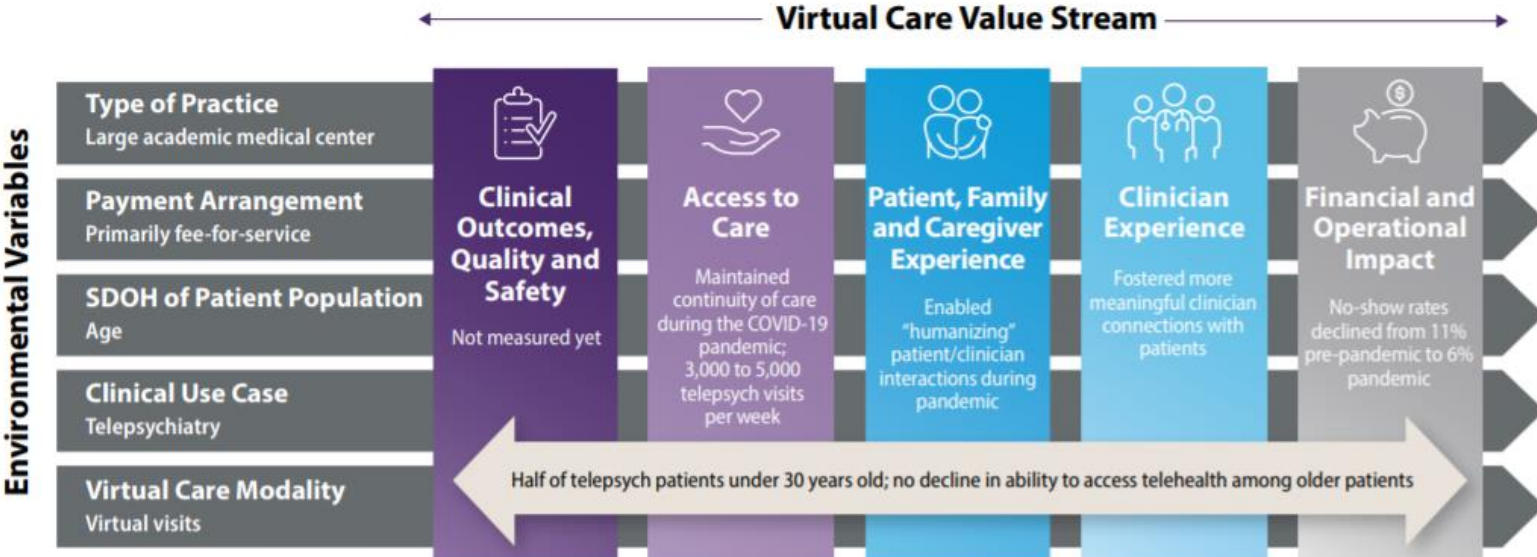
Teleneurology & Telestroke



Complex Care Coordination

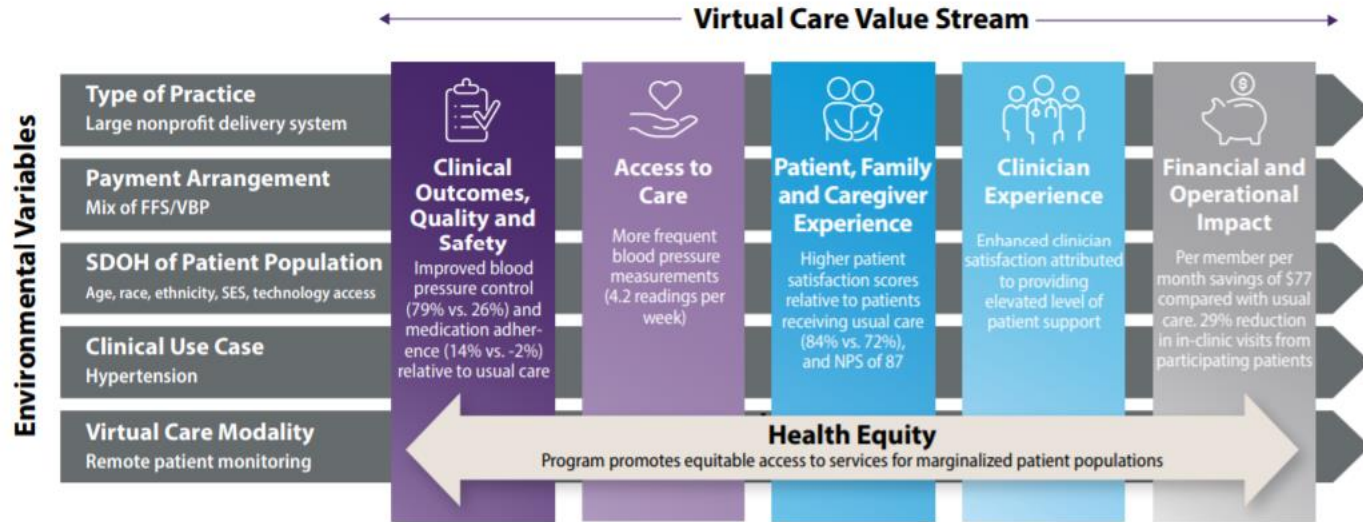
VCU virtual care outcomes

FIGURE 3. VCU TELEPSYCHIATRY PROGRAM AND IMPACT SUMMARY



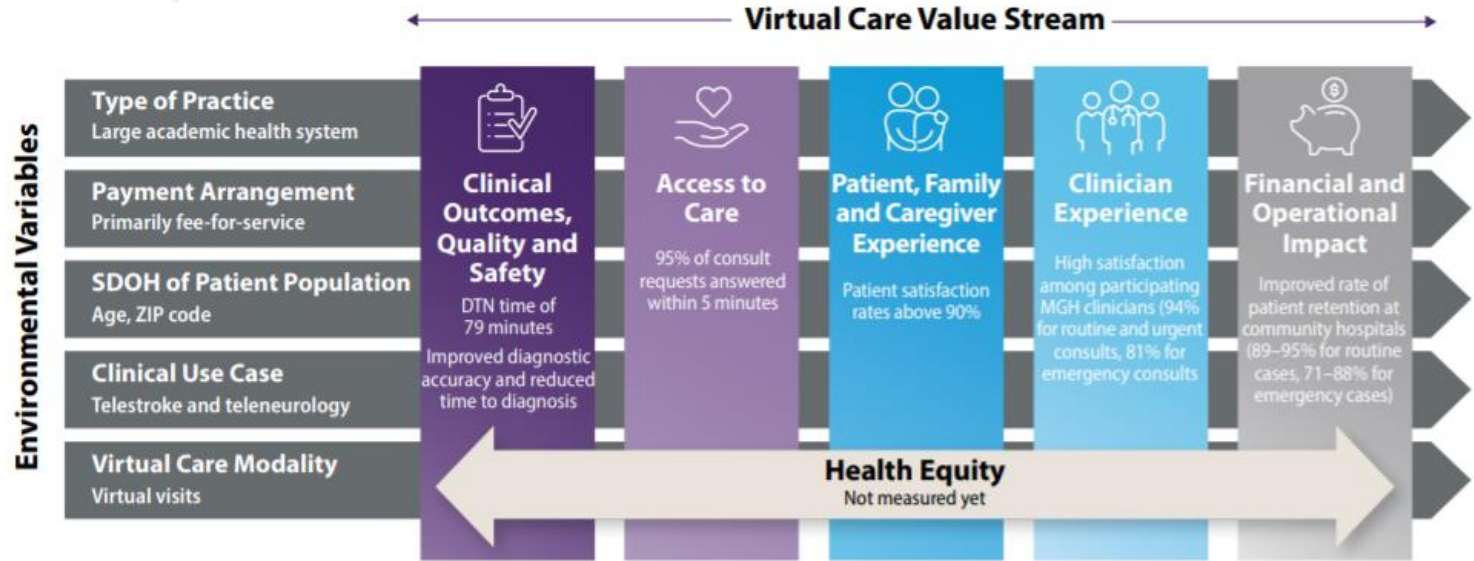
Ochsner virtual care outcomes

FIGURE 7. OCHSNER HYPERTENSION DIGITAL MEDICINE PROGRAM AND IMPACT SUMMARY



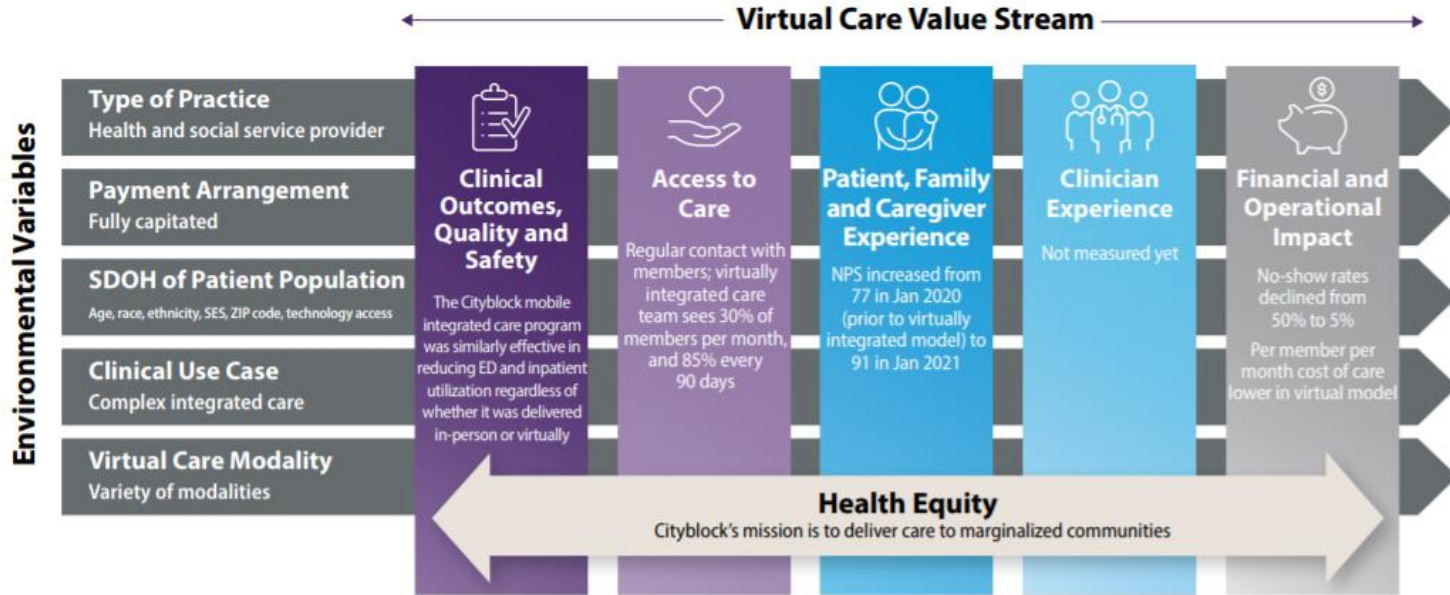
MGH virtual care outcomes

FIGURE 10. MGH TELENEUROLOGY AND TELESTROKE PROGRAM AND IMPACT SUMMARY



CityBlock Health virtual care outcomes

FIGURE 12. CITYBLOCK VIRTUAL INTEGRATED CARE PROGRAM AND IMPACT SUMMARY



What are the policy and reimbursement considerations for telehealth during the COVID-19 era?

- a. How are these policy and reimbursement considerations for telehealth changing in the post-COVID-19 era; at the federal level (policies such as Medicare), state level (policies such as Medicaid), and by private insurance payers?
- b. How do changes in reimbursement policies impact telehealth strategies?
 - a. Without commitment for future payment, health systems and practices are hesitant to invest further in telehealth programs.
 - b. Based on our C-19 Coalition research:
 - a. 75% of clinicians responding to the survey indicated that telehealth enabled them to provide quality care
 - b. 68% of respondents are motivated (agree and strongly agree) to increase telehealth use in their practices
 - c. All that said, 73.3% of clinician respondents indicated that no or low reimbursement will be a major challenge post-COVID if the current expansions do not remain

What's at stake?

*I recently talked to a friend who works at one of the largest national payer organizations, which led to an important insight. From January through October of 2020, local providers (i.e., 'your doctor') generated 96% of their telehealth claims, and only 4% came from national providers (i.e., Teledoc Health, Amwell). Compare that to 2019, when 54% of claims were from national providers – **and the trend is moving back in that direction.***

What this says to me is that there is indeed a market for telehealth. However, the choices we make in the next few months will determine the landscape for telehealth in the U.S. for at least a decade.

- Dr. Joseph Kvedar: <https://www.joekvedar.com/lessons-learned-from-2020-provide-a-springboard-for-increased-telehealth-adoption/>

- When given a choice, the majority of all patients who had a telehealth visit chose to see their existing provider versus use a different service/see a new provider
- This is important for continuity of care and patient/physician trust
- If reimbursement is jeopardized, this will limit the options physicians can offer to their patients.

Telehealth is here to stay but who will deliver the services?

Providers must resist that strong magnetic force that draws us back into an in-person, brick-and-mortar world and find the right balance of in-person and virtual care. Healthcare systems must embrace value-based care rather than a fee-for-service model that brings people into facilities. This is difficult after experiencing a period of significant financial loss.

We also can't forget that the challenges our healthcare system faced before COVID are still looming and will continue to escalate, including the onslaught of chronic illness and the limited supply of providers, as well as the threat of a future pandemic.

Some wild cards could influence this strong pull back to face-to-face care.

1. If we don't get the originating site rule (1834m) repealed before the lifting of the public health emergency, that will put providers into a telehealth ice age. One of our biggest priorities must be to ensure passage of federal policies and state laws that support the permanent, widespread adoption of telehealth. And, I'm very pleased and proud to say that the ATA has been leading that charge.
2. If we witness an expansion of value-based reimbursement, that will pull us toward more telehealth adoption.
3. When I talk to forward-thinking providers, their biggest near-term fear is the entry of large consumer tech companies into the care delivery market. If they can turn that fear into a pivot away from reliance on brick-and-mortar, that could accelerate telehealth adoption.

We need to come up with logical, financially sound reasons for providers to pivot long term. Simply saying that telehealth is the right thing to do or that patients demand it won't be good enough. Even taking a most objective view, a future where providers are not engaged in telehealth is not a pretty picture.

Payers have choices to make too. Historically, they have been much more comfortable controlling telehealth utilization through partnerships with big national providers. Depending on coverage policy going forward, we could go back to that model. This will test the hypothesis that consumers value convenience and access as much as they value the familiarity with the doctor on the other end of the conversation.



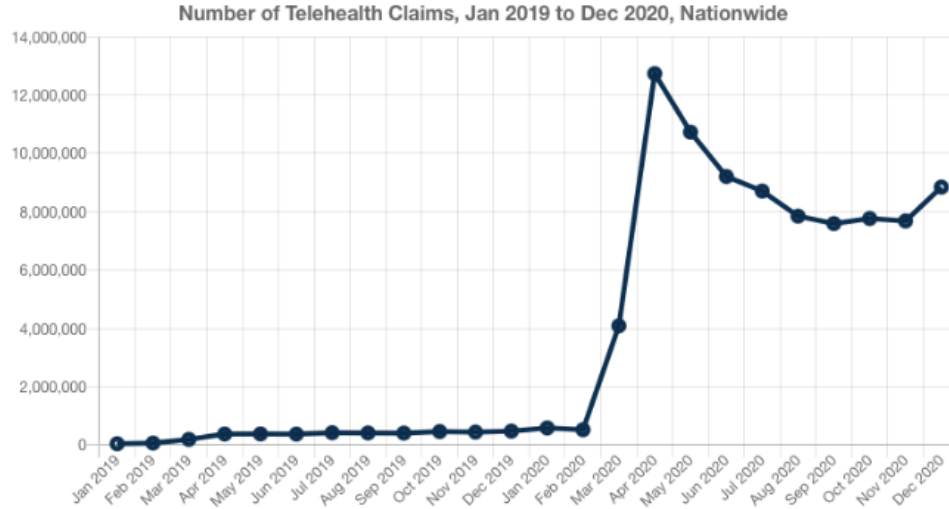
What are the characteristics of patient, provider and health systems using telehealth during the COVID-19 era?



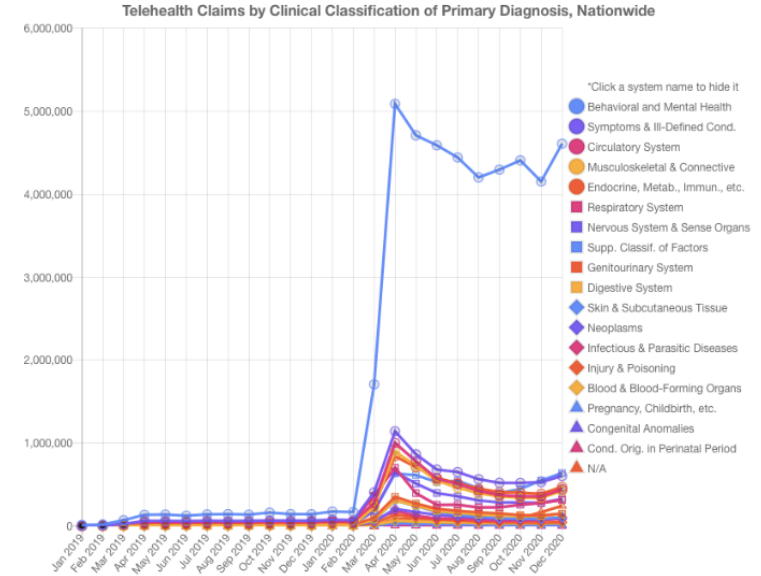
Lase Ajayi, MD
Member since 2013

Telehealth utilization

“ How much are people using telehealth? ”



“ What medical problems are being addressed with telehealth? ”

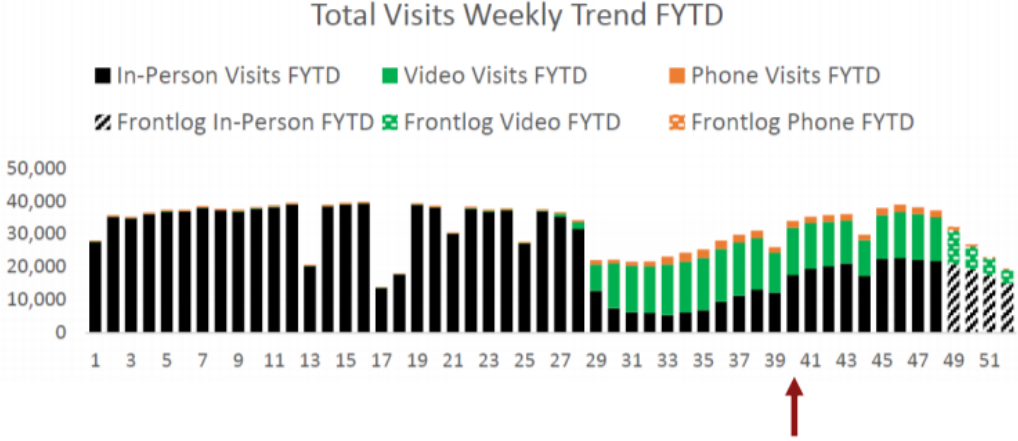


Source: COVID-19 Health Coalition Telehealth Impact Study

Example: Telehealth did not increase utilization, but simply represented a changed modality for the care being delivered

Telehealth Visits Substitute for In-person Care

As clinics have reopened to in-person care, total utilization has remained flat, indicating that telehealth visits have been substitutive.



↑
Clinics reopen to in-person care broadly across the health system

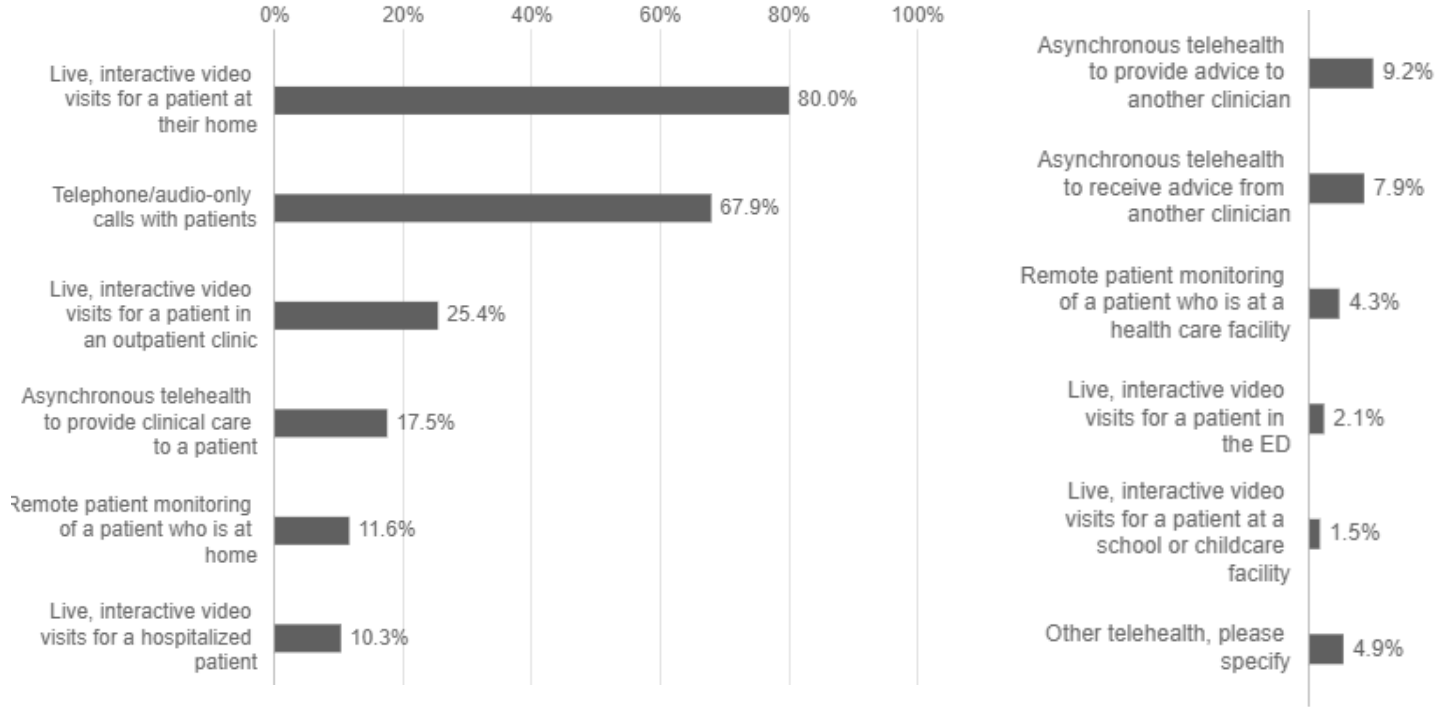
No evidence of added costs and opportunity to prevent more costly care

- There have been estimates that virtual care could substitute for up to \$250 billion of current U.S. health care spending.
- Telehealth has **largely substituted for in-person care and did not increase the total number of visits**.
- **Total visits**, including in-person and video, **never went above pre-pandemic levels**, even as clinics reopened to in-person care broadly across the health system.
- **Preventing More Costly Care:**
 - Telehealth facilitates access to health care for individuals who might otherwise skip or avoid important services. It also allows care delivery more quickly and efficiently in lower cost settings.
 - Telehealth can help reduce more costly urgent and ED care, as well as use of costly and often overused services such as imaging:
 - Ascension Health found that, from March to May of this year, nearly 70% of patients would have gone to either urgent care or the ED had they not had access to virtual care. These patients would have used more costly options without access to telehealth.
 - Nemours found that 67% of parents who used its 24/7 on-demand virtual care service before COVID-19 reported they otherwise would have visited an ED, urgent-care center or retail health clinic had telehealth not been available.

Source: https://connectwithcare.org/wp-content/uploads/2020/09/20200914_Taskforce_on_Telehealth_Policy_Final_Report.pdf

Types of telehealth interventions/modalities

Q: Which of the following types of telehealth are you using to provide clinical care? (*choose all that apply*)

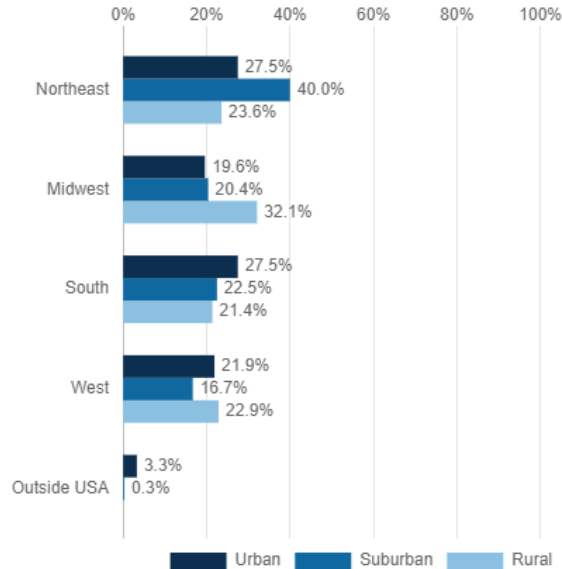


Source: COVID-19 Health Coalition Telehealth Impact Study

*1,594 clinician respondents

Telehealth interventions: *provider & health system characteristics*

Breakdown of
practice location
for responding
physicians:



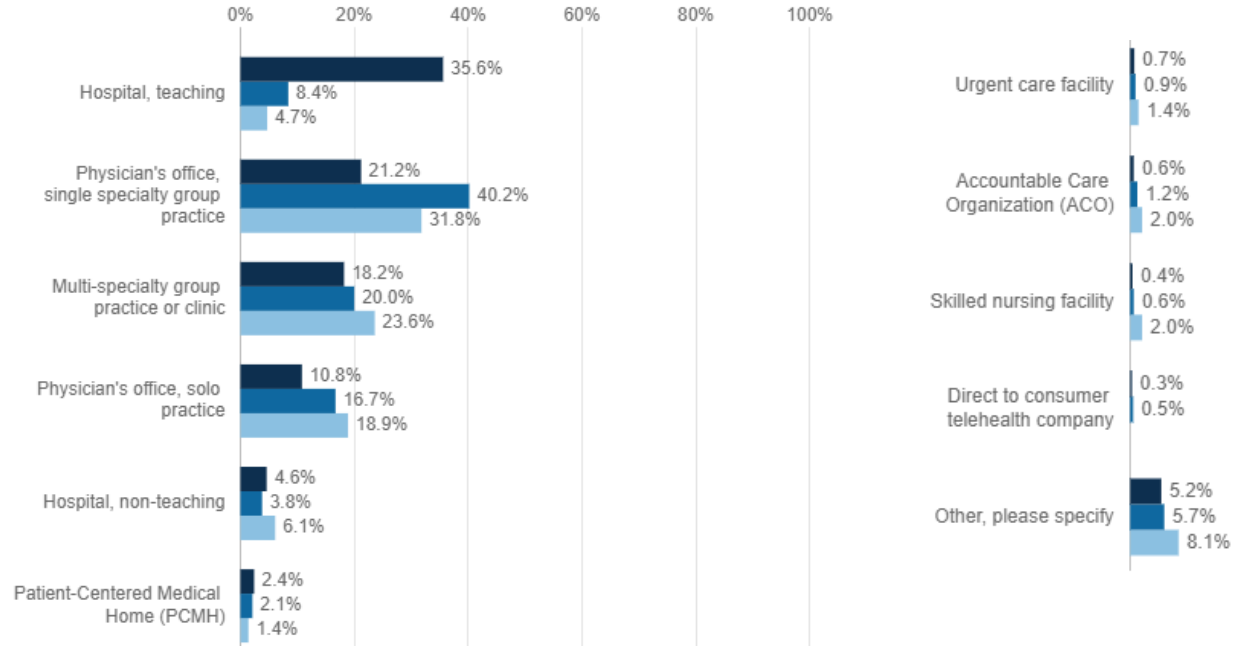
- *Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont*
- *Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Ohio, Wisconsin*
- *South: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia*
- *West: Alaska, Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming*

Physician Survey Summary: <https://c19hcc.org/static/catalog-resources/telehealth-physician-survey-analysis-c19hcc.pdf>

Source: COVID-19 Health Coalition Telehealth Impact Study

Telehealth interventions: *provider & health system characteristics*

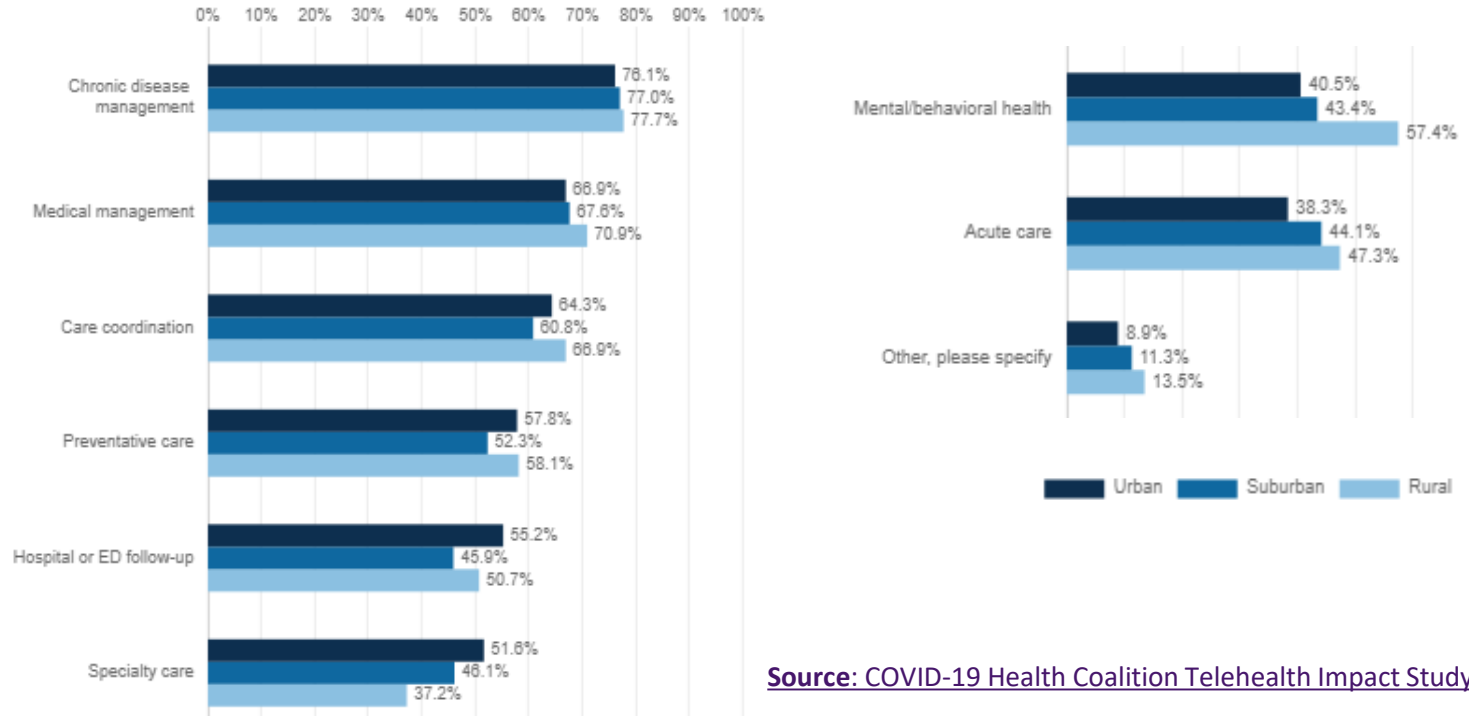
Breakdown of practice type for responding physicians:



Source: COVID-19 Health Coalition Telehealth Impact Study

Telehealth interventions: *provider & health system characteristics*

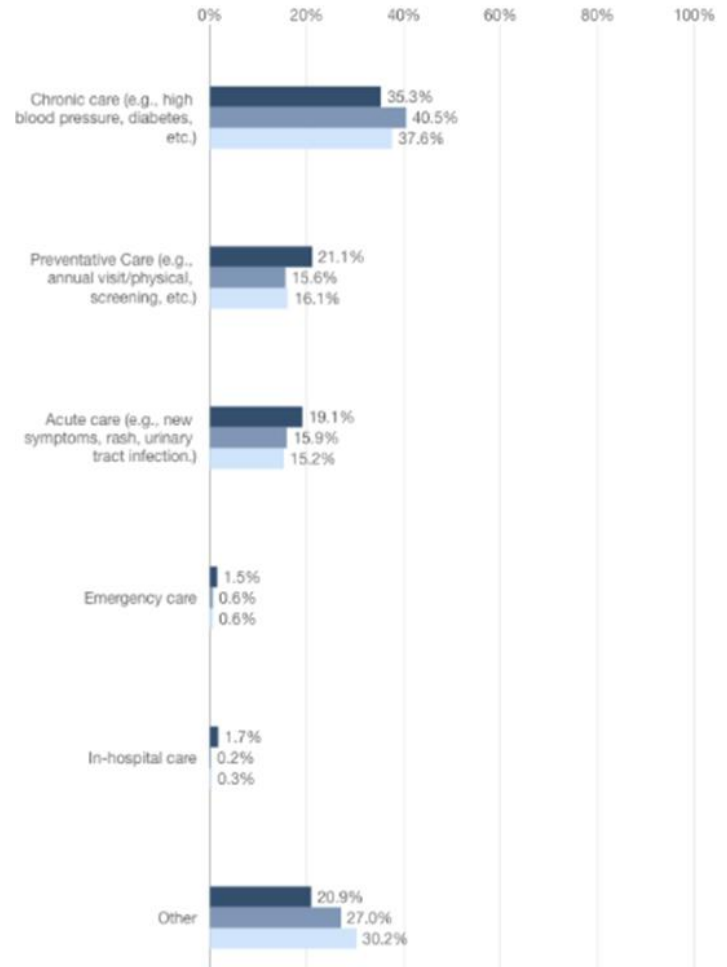
Q: What types of visits would you like to continue offering to your patients via telehealth after COVID-19?
(choose all that apply)



Source: COVID-19 Health Coalition Telehealth Impact Study

Telehealth interventions: *patient characteristics*

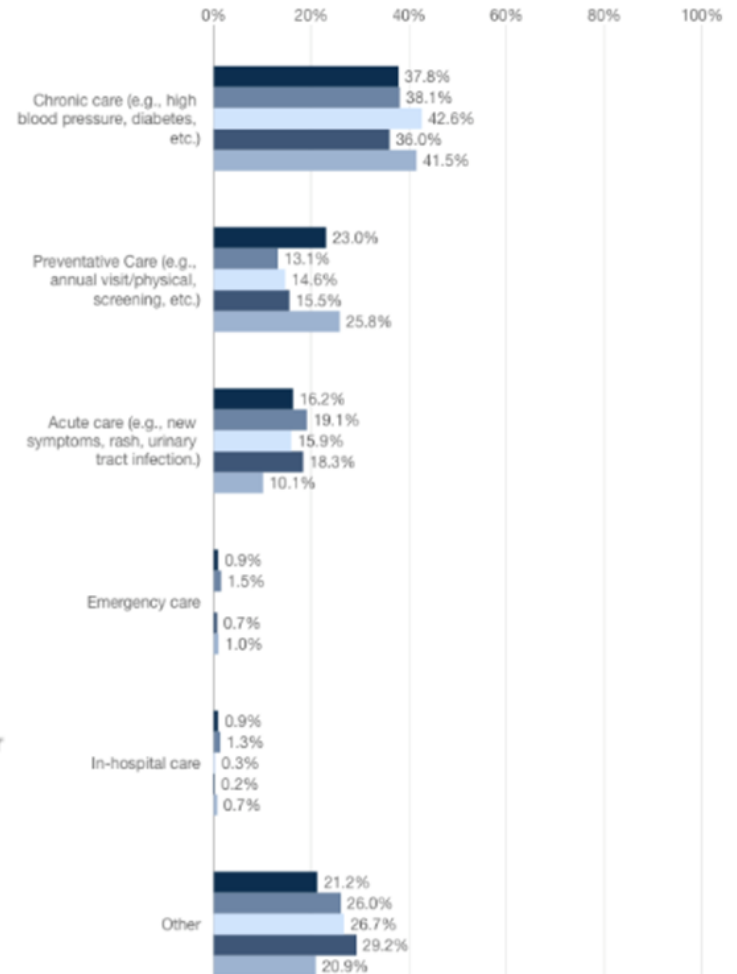
Q: For your most recent telehealth visit, what type of care did you receive?



Source: COVID-19 Health Coalition Telehealth Impact Study

Telehealth interventions: *patient characteristics*

Type of care received by age:



Patient Survey Summary: <https://c19hcc.org/static/catalog-resources/telehealth-patient-survey-analysis-c19hcc.pdf>

Source: COVID-19 Health Coalition Telehealth Impact Study



Narayana Murali, MD
Member since 2002

Telehealth success & impact measures

Physician perspectives - telehealth impact



CLINICAL OUTCOMES

More than **75%** of clinicians responding to the survey indicated that telehealth enabled them to provide quality care in the areas of COVID-19-related care, acute care, chronic disease management, hospital follow-up, care coordination, preventative care, and mental/behavioral health. Additionally, **60%** of clinicians reported that telehealth has improved the health of their patients.

- Of those using telehealth, **80%** are conducting live, interactive video visits with patients and **67.9%** are doing audio-only visits.
- **68%** of respondents are motivated (agree and strongly agree) to increase telehealth use in their practices. The majority would like to continue to offer telehealth for chronic disease management, medical management, care coordination, and preventative care following the pandemic.
- **11%** of respondents said they were using remote patient monitoring technologies with

patients in their homes; the commonly used tools include smartphones (camera), blood pressure cuffs, body weight scales, and pulse oximeters. Currently, data is usually shared verbally over the phone or via email.



PATIENT EXPERIENCE

More than **80%** of respondents indicated that telehealth improved the timeliness of care for their patients. A similar percentage said that their patients have reacted favorably to using telehealth for care.



COST

Respondents indicated that telehealth decreased the costs of care for their patients (**61%** either agreeing or strongly agreeing) and improved the financial health of their practices (**56%** either agreeing or strongly agreeing).



PROFESSIONAL SATISFACTION

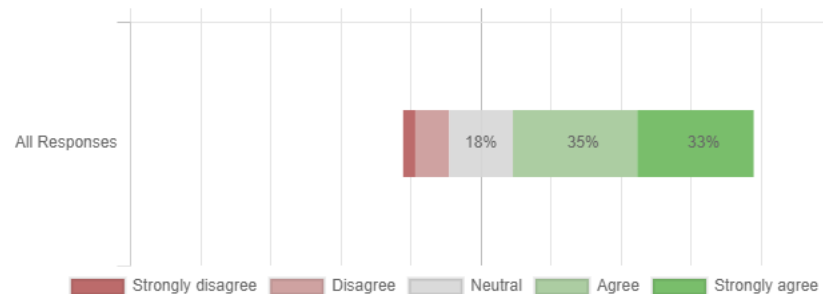
A majority of respondents indicated that telehealth has improved the satisfaction of their work (**55%**).

Source: COVID-19 Health Coalition Telehealth Impact Study

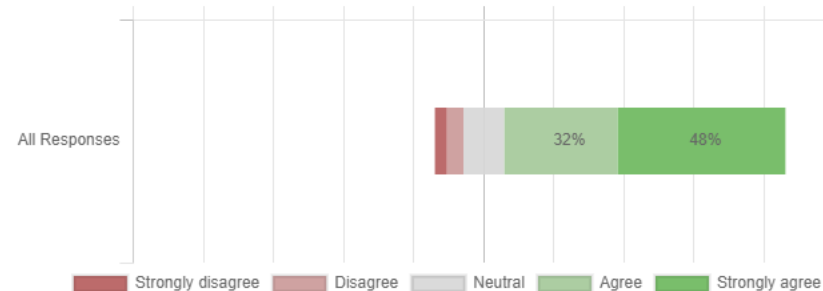
What are the benefits of telehealth during the COVID-19 era?

Physicians agreed that telehealth allowed them to provide quality care for COVID related care, chronic disease management, acute care, preventative care, care coordination, and mental behavioral health.

“ My patients have better access to care since our practice began using telehealth ”



“ By offering telehealth, I have helped to flatten the curve during this pandemic ”



Source: COVID-19 Health Coalition Telehealth Impact Study

Physicians say increased connection to patients via telehealth has had a positive impact on health.

- **Convenience** – telehealth is more convenient for patients who work or have families – they can see the doctor without significantly disrupting their schedules.
- **Access to Care** – patients who have transportation challenges or schedule limitations are more easily able access care through telehealth.
- **Routine and preventive checks** – physicians report improved attendance at routine visits and better adherence because of improved convenience and access. This is especially true in states where deductibles are waived due to COVID mandates.
- **Avoided putting off care** – physicians say many patients would have delayed or neglected care during the pandemic were it not for telehealth visits. Telehealth enabled them to be seen sooner and ultimately receive better care.

“It seems like [telehealth is] allowing us to be a little bit more connected with people than we maybe were able to before. Because it's like, one less barrier.”

Source: The Telehealth Initiative - <https://physiciansfoundation.org/the-telehealth-initiative/>

Physicians also noted the ways in which telehealth impacted themselves and their practices.

POSITIVE IMPACTS

- Able to experience the wide number of applications for telehealth and see potential for future opportunities
- Some patients are more open to sharing personal details and challenges than in an office setting.
- Positive financial impacts – minimized losses from pandemic, operational efficiencies for one

“It’s highly efficient and profitable, because there’s no overhead in all this. It’s kind of like, to me, like adding an extra exam room to my office, but without having to pay for the build out and the rent on that space.”

NEGATIVE IMPACTS

- Not having the same relationship with patients – less “joyful” for some
- Difficulty in adapting to new protocol and changes
- Burnout from switching between telehealth and in-person visits

“Going back and forth between telemedicine and in person is super stressful, it's worse than one or the other [...] Um, you know, a day doesn't go by that you're not letting down at least a third of the people. You're supposed to be meeting their needs.”

Source: The Telehealth Initiative - <https://physiciansfoundation.org/the-telehealth-initiative/>

Patient perspectives - telehealth impact



MAINTAINING THE PATIENT-PHYSICIAN RELATIONSHIP AND PRESERVING CONTINUITY OF CARE

- 78% of patients indicated that they received telehealth services from their own provider
- 81% of patients felt that telehealth provided them with a sense of access and continuity of care
- 71% felt a personal connection with their provider during the telehealth visit
- 83% felt the patient-physician communication was strong



REMOVING BARRIERS TO ACCESSING CARE

- 76% of patients indicated that telehealth removed transportation as a barrier
- 65% no longer had to take time off work for doctor's appointment
- 67% had less costs related to their telehealth visit vs. an in-person visit



VISIT QUALITY

- 79% of patient respondents indicated that they were satisfied with their telehealth visit
- 91% of patients reported that their provider explained things in a way that was easy to understand
- 88% of patients reported that their provider listened carefully to their needs
- 81% reported that the provider was thorough during the visit
- 78% of patients felt their health concern could be addressed via telehealth
- 83% reported good overall visit quality



USE OF TECHNOLOGY AND THE IMPACT ON PRIVACY

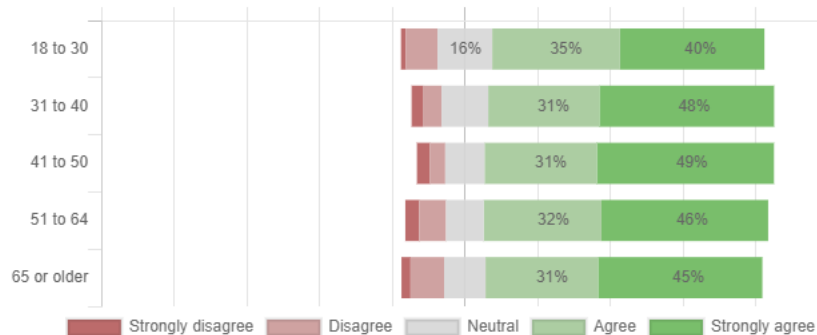
- 84% of patients felt their information was secure and private during the visit
- 72% reported that they had sufficient training to be successful during their telehealth visit
- And 79% found it easy to use the technology

Source: COVID-19 Health Coalition Telehealth Impact Study

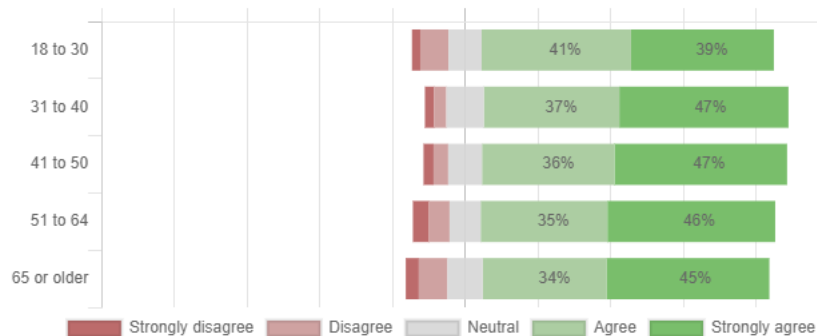
What are the benefits of telehealth during the COVID-19 era?

- Audio-only coverage allowed patients to access their physician when audio-visual was not available.
- Expansion of telehealth use by physicians allowing patients to see their normal physicians/medical home.

“ I was confident that my health concern could be addressed during the visit. ”



“ My telehealth visit provided me with a sense of access and continuity of care. ”



Source: COVID-19 Health Coalition Telehealth Impact Study

What are the barriers and enablers of a successful telehealth strategy (e.g., setting, reimbursement, access to technology)?



Nicole Plenty, MD
Member since 2008

Telehealth implementation best practices & strategies

- Strategizing beyond COVID
- A team-based care approach
- Technology that supports a long-term, sustainable telehealth program
- Engaging patients

Additional resources:

[AMA Telehealth Quick Guide](#)

[AMA Telehealth Implementation Playbook](#)

Barriers/challenges to successful telehealth strategy during COVID-19 and beyond for physicians...

- 73.3% of clinician respondents indicated that no or low reimbursement will be a major challenge post-COVID.
- Over 64% of respondents indicated technology challenges for patients as a barrier to sustainable use of telehealth.
 - Perceived barriers for patients included lack of access to technology and internet/broadband, and low digital literacy.
- 58% of physician respondents are not able to currently access their telehealth technology directly from their EHR.
 - There were also several anticipated workflow challenges including integration with EHR (30.3%) and other health care technologies (27.9%), building telehealth-specific workflows (25.7%), and lack of technical support (25.3%).

Source: COVID-19 Health Coalition Telehealth Impact Study

Telehealth eliminated the following barriers for patients...

- 65% of patients agreed that there were no barriers to accessing or using telehealth.
- 76% agreed that telehealth eliminated transportation barriers.
- 65% agreed that telehealth allowed them to take less time away from work for doctor's appointments.
- 67% agreed that telehealth reduced the cost of their appointment (e.g. travel time, parking fees, etc.).
- 87% of patients agreed that telehealth helped them reduce their exposure to COVID-19.

[Source: COVID-19 Health Coalition Telehealth Impact Study](#)

Key Resources

- AMA Return on Health research – www.returnonhealth.org
- [COVID-19 Healthcare Coalition Telehealth Impact Study](#)
- [The Telehealth Initiative](#)
- Alliance for Connected Care – [Telehealth Data Collection](#)

November 20, 2020

William T. McDermott
Assistant Administrator for Diversion Control
U.S. Drug Enforcement Administration
8701 Morrisette Drive
Springfield, VA 22152

Dear Assistant Administrator McDermott:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write to provide the U.S. Drug Enforcement Administration (DEA) with feedback from physicians about the prescribing and treatment flexibilities authorized by the DEA¹ during the COVID-19 Public Health Emergency (PHE). The AMA and the physician community have embraced these flexibilities and deeply appreciate their rapid implementation by the agency, especially the increased flexibility to prescribe controlled substances, including medications to treat opioid use disorder (OUD), based on audio-video and audio-only patient visits. The AMA is also grateful for DEA officials' ongoing outreach to our staff as we work to help physicians manage their patients' care during this PHE, and for its rapid actions to help alleviate patients' suffering, such as by increasing the manufacturing quotas for controlled substances that are needed by patients on ventilators and for which COVID-19 exacerbated supply shortages.

To learn more about physicians' use of the new DEA-authorized flexibility during the PHE and to consider the optimal policies after the COVID-19 PHE ends, the AMA conducted a survey of physicians who treat patients with painful conditions, and also assisted addiction specialty organizations on a second survey directed specifically at physicians and other health professionals who treat patients with OUD. The AMA survey included physicians specializing in pain medicine, anesthesiology, physical medicine and rehabilitation, hospice and palliative care, and others. There were 240 completed responses to the online survey, which was conducted from July 30, 2020–September 18, 2020.

A major finding of the survey is that 80 percent of physician respondents said that the flexibilities provided by the DEA during the COVID-19 pandemic have been either very helpful or somewhat helpful for treating patients with pain. The AMA strongly supports these flexibilities, including the authority “to allow DEA-registered practitioners to begin issuing prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation.”²

¹ The DEA has provided several important updates, including [COVID-19 Prescribing Guidance](#), [Registrant Guidance on Controlled Substance Prescription Refills](#), [Exception to Separate Registration Requirements Across State Lines](#), [Exception to Regulations Emergency Oral CII Prescription](#), and [Q&A Remote Identity Proofing EPCS at hospital/clinics](#).

² See <https://www.dea.gov/press-releases/2020/03/20/deas-response-covid-19>

An issue brief describing the key findings from the survey is available at the following link: <https://end-overdose-epidemic.org/wp-content/uploads/2020/11/Issue-Brief-AMA-Survey-of-Pain-Management-Physicians-During-COVID-19-FINAL.pdf>. In addition to support for the ability to treat patients with pain via telehealth and telephone visits, and to call in needed controlled substance prescriptions to the pharmacy, survey respondents described their concerns about barriers to care during the pandemic, including:

How concerned are you about each of the following during the COVID-19 pandemic?	<i>“Very” concerned</i>	<i>“Very” + “Somewhat” Concerned</i>
Unnecessary delays caused by prior authorization	56%	77%
Unnecessary delays for patients who do not have a primary care physician in accessing needed medications	43%	80%
Unnecessary delays for patients receiving in-office procedures	42%	78%
Patients waiting too long before making an appointment if they need treatment	37%	78%
Unnecessary delays for new patients in accessing needed medications	34%	79%
Patients having sufficient medication so they can avoid additional trips to the pharmacy	24%	67%
Patients who are hesitant or afraid to go to a pharmacy to pick up needed medications	21%	58%
Patients’ ability to fill prescriptions for controlled substances as part of their pain care treatment	19%	58%

We are thankful for the work of DEA to quickly recognize the need to ensure new flexibilities for physicians to help them address the above concerns. More than 90 percent of the survey respondents have been taking new patients during the pandemic, and they continue to find in-person physical examinations important for these new patients. For patients with an established relationship with a physician who is treating their pain, especially rural, elderly, and other patients who had difficulty getting to the physician’s office even before the pandemic, telehealth and telephone visits are proving to be a lifeline. The increased flexibility from the DEA is particularly helpful given that the nation continues to face an increasingly complicated and deadly drug overdose epidemic.

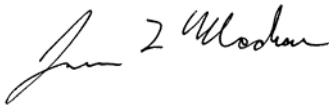
A second survey, led by the American Academy of Addiction Psychiatry (AAAP) in collaboration with other organizations from July 15, 2020–August 15, 2020, obtained responses from more than 1,000 physicians, nurse practitioners, and physician assistants who prescribe buprenorphine and other medications that treat OUD. The survey confirmed that, during the COVID-19 pandemic, physicians and other health care professionals have adapted to quickly provide high-quality, evidence-based care to their patients with OUD, but this care was only possible due to the new flexibilities provided by the DEA, such as treating patients with OUD via audio-video or audio-only visits and issuing prescriptions based on these visits. **A key finding of this survey is that more than 80 percent of X-waivered survey respondents who treat patients with OUD want virtual visits and other telehealth options to continue after the COVID-19 PHE.** A report on the survey findings is available at https://www.aaap.org/wp-content/uploads/2020/10/COVID-29-Survey-Results-First-Glance_EW-10.15.pdf.

It should be noted that the AAAP survey comes amidst a growing number of reports from more than 40 states about increasing drug overdose mortality.³ These state-level reports provide sobering context for data from the U.S. Centers for Disease Control and Prevention that nearly 74,000 Americans died from a drug-related overdose between 2019-2020, including nearly 40,000 from illicit fentanyl. The need for evidence-based care for the treatment of patients with OUD has never been greater.

The Secretary of Health and Human Services has declared two nationwide public health emergencies: the epidemic of opioid overdose deaths and the COVID-19 pandemic. Both PHE declarations were renewed in October 2020 and will continue at least into the year 2021. The opioid epidemic PHE declaration has been in effect for more than three years. The new survey data make it clear that, although the flexibilities provided by the DEA were first issued in conjunction with the COVID-19 PHE, they have become critical tools in the effort to bring an end to the opioid epidemic as well. There is an urgent need to ensure that patients with pain and patients with OUD receive evidence-based care, and this need will not cease with the end of the COVID-19 pandemic. **The AMA strongly recommends, therefore, that all of the flexibilities that have been put in place by DEA during the COVID-19 PHE be kept in place at a minimum until both the COVID-19 and the opioid public health emergencies come to an end.**

Thank you for your consideration. If you have any questions, please contact Margaret Garikes, Vice President of Federal Affairs, at Margaret.Garikes@ama-assn.org or 202-789-7409.

Sincerely,



James L. Madara, MD

³ Issue brief: Reports of increases in opioid- and other drug-related overdose and other concerns during COVID pandemic. American Medical Association. Updated October 6, 2020. Available at <https://www.ama-assn.org/system/files/2020-10/issue-brief-increases-in-opioid-related-overdose.pdf>