

April 27, 2020

Uttam Dhillon
Acting Administrator
Drug Enforcement Administration
U.S. Department of Justice
8701 Morrissette Drive
Springfield, VA 22152

RE: RIN 1117-AB43/Docket No. DEA-459 Registration Requirements for Narcotic Treatment Programs with Mobile Components

Dear Acting Administrator Dhillon:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to thank the U.S. Drug Enforcement Administration (DEA) for its proposal to reduce the administrative burden for narcotic treatment programs (NTPs) that operate mobile components. Under the new DEA proposal, NTP registrants that operate mobile components will be able to dispense controlled substances without obtaining a separate DEA registration for the mobile component. The AMA welcomes this change and urges the DEA to finalize it soon.

The AMA has been extremely concerned about the millions of Americans who need treatment for opioid use disorder (OUD) but are not able to obtain it. This treatment gap is especially problematic in underserved rural counties where all health care resources are scarce and there may be no local access to OUD treatment. Operation of mobile components by registered NTPs could significantly alleviate the disparities in access to OUD treatment in rural communities. NTP mobile components could also help improve access for underserved communities in urban areas, including among the homeless population, as well as for individuals for whom transportation and childcare needs present barriers to accessing OUD treatment. In addition, mobile components of NTPs may improve treatment access for pregnant and postpartum women, thus helping to address one of the factors affecting maternal mortality.

There are numerous additional benefits of mobile components, including their ability to provide additional counseling and treatment resources to patients. By increasing access to methadone maintenance therapy, which has a strong evidence-base, mobile components will help reduce stigma as more patients initiate therapy, stay in treatment and demonstrate positive treatment outcomes. The AMA will strongly encourage our state medical society partners to help in supporting implementation of mobile components consistent with this rule, including state legislative and regulatory advocacy.

During the COVID-19 public health emergency, the DEA has lifted a number of regulatory barriers to allow continuity of care for patients receiving OUD treatment who need to maintain physical distance by staying home. Physicians are able to prescribe controlled substances for pain management and OUD treatment, including buprenorphine, based on telehealth visits with patients, including audio-only communication. Stable patients are able to take their medication home. Quotas for the manufacture of

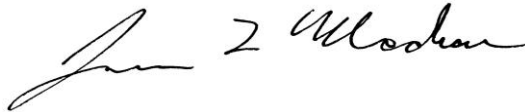
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controlled substances used to treat COVID-19 patients, especially those requiring ventilators, have been lifted to alleviate drug shortages. The AMA deeply appreciates these regulatory flexibilities during this major epidemic.

We have been concerned that the nationwide epidemic of opioid overdose deaths might be overlooked as the federal agencies' attention has turned to the COVID-19 epidemic. It is gratifying to see the DEA providing not only temporary regulatory flexibilities, but also proposing permanent regulatory changes to help increase the number of patients who are able to access evidence-based treatment for OUD and lead productive and satisfying lives.

We urge the DEA to quickly finalize the proposed regulatory changes for NTPs that operate mobile components. If you have questions or need additional information, please contact Margaret Garikes, Vice President, Federal Affairs, at (202) 789-7409 or margaret.garikes@ama-assn.org.

Sincerely,

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

James L. Madara, MD