



Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder

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THE UNITED STATES is in the midst of an unprecedented crisis of prescription and illicit opioid misuse, addiction, and overdose. To combat the epidemic HHS is working to prevent more people from becoming addicted while also expanding access to treatment and recovery support services for those with opioid use disorder. Improving access to medication-assisted treatment (MAT) for opioid use disorder, which combines the use of medications (methadone, buprenorphine, and naltrexone) with psychosocial and other behavioral health support services, is a critical component of the HHS Opioid Strategy.

Despite the well-documented effectiveness of MAT, the majority of Americans with opioid use disorder do not receive this life-saving treatment. This is particularly true in some rural and remote areas of the country where there are few clinicians available to provide MAT and patients often have to travel long distances to receive care or go without care. One particular barrier to MAT access is the limited number of practitioners with a [Drug Addiction Treatment Act of 2000](#) (“DATA 2000”) waiver, which allows qualified practitioners to prescribe buprenorphine, for the treatment of opioid use disorder in settings other than a federally regulated opioid treatment program.

HHS remains committed to bringing the full extent of its resources to bear on the opioid crisis. Reflecting this commitment, the Department is working with the Drug Enforcement Administration (DEA) to understand how telemedicine (the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care) can best be leveraged to expand buprenorphine-based MAT. On May 15, 2018, DEA issued a statement “Use of Telemedicine While Providing Medication Assisted Treatment”, to clarify how practitioners can use telemedicine as a tool to expand buprenorphine treatment for opioid use disorder under current DEA regulations.

According to the DEA’s *Use of Telemedicine While Providing Medication Assisted Treatment (MAT)* statement, pursuant to the provisions of the Ryan Haight Act of 2008, DEA-registered practitioners acting within the United States, which include DATA 2000-waivered practitioners, are exempt from the in-person medical evaluation requirement as a prerequisite to prescribing or otherwise dispensing controlled substances via the Internet if the practitioner is engaged in the “practice of telemedicine” as defined under 21 U.S.C. § 802(54). The “practice of telemedicine” entails, among other things, “the practice of medicine in accordance with applicable Federal and State laws by a practitioner (other than a pharmacist) who is at a location remote from the patient and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system referred to in section 1395m(m) of Title 42,” and in practices with certain features identified in 21 U.S.C. § 802(54). Practitioners should familiarize themselves with all aspects of the “practice of telemedicine” definition provided in 21 U.S.C. § 802(54).¹

¹ 21 U.S.C. § 802(54) is available at: <https://www.deadiversion.usdoj.gov/21cfr/21usc/802.htm>.

EXAMPLE CLINICAL CASE SCENARIO²

HHS has developed the following case scenario to provide clinicians with an example of a clinical practice engagement consistent with the DEA statement and applicable HHS administered authorities.

- A patient is being seen in a rural health clinic staffed by a nurse practitioner licensed in the state and has a DEA registration consistent with the nurse practitioner's scope of practice.
- The nurse practitioner conducts an examination of the patient and determines that treatment with buprenorphine for opioid addiction is clinically indicated, and the patient agrees to treatment.
- The nurse practitioner does not have a DATA 2000 waiver to prescribe buprenorphine for the treatment of opioid addiction, but the clinic has an agreement with an addiction specialist in a large city in the same state (or in another state so long as the remote addiction specialist is also registered with the DEA and licensed in the state where the patient is located)⁵ to provide remote telemedicine services for addiction treatment.
- The remote addiction specialist has a DATA 2000 waiver to prescribe buprenorphine for the treatment of opioid addiction and is licensed and DEA-registered in the state where the rural health clinic is located.
- At the patient visit, the nurse practitioner connects the patient to the remote addiction specialist via an appropriately safeguarded interactive telecommunications system.
- The addiction specialist, after engaging with the patient remotely concurs with the nurse practitioner that buprenorphine is clinically indicated for this patient and issues a prescription for a specific formulation and dosage of a buprenorphine product to be filled at the patient's local pharmacy.
- After the initial encounter, the patient continues to have his/her buprenorphine treatment managed by the remote DATA 2000-waived practitioner (who remains the buprenorphine prescriber of record) in collaboration with the local nurse practitioner.
- The patient will be considered a patient of the DATA 2000-waived practitioner for purposes of 21 U.S.C. § 823(g)(2), and 42 C.F.R. Part 8, Subpart F when applicable.

Note that HHS programs like Medicare have additional Federal requirements in order for a practitioner to be reimbursed for telehealth services, and Medicaid programs may have additional State requirements.

² This clinical case scenario assumes that practitioners will maintain malpractice insurance per requirements in the state(s) where they practice (including via telemedicine) and that the insurance will be of sufficient scope to cover the types of services they provide. Practitioners must also maintain records related to patients treated under a DATA 2000 waiver per DEA requirements (see footnote 6)

ADDITIONAL RESOURCES

For additional information on obtaining a DATA 2000 waiver, which can be obtained by physicians, nurse practitioners, and physician assistants, please go to:

<https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver>

For additional information on the use of medications for the treatment of opioid use disorder please go to:

<https://store.samhsa.gov/product/SMA18-5063FULLDOC>

For additional information about telemedicine and telehealth please go to:

<https://www.hrsa.gov/rural-health/telehealth/index.html>

<https://www.integration.samhsa.gov/operations-administration/telebehavioral-health>

<https://www.medicare.gov/coverage/telehealth.html>

<https://www.medicaid.gov/medicaid/benefits/telemed/index.html>