



March 3, 2020

Chairwoman Anna Eshoo
Health Subcommittee
House Energy and Commerce Committee
2123 Rayburn House Office Building
Washington, DC 20515

Ranking Member Michael Burgess
Health Subcommittee
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2123 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman Eshoo and Ranking Member Burgess:

On behalf of Ochsner Health (“Ochsner”), headquartered in New Orleans, Louisiana, I am writing to thank you for holding a hearing on “Combating an Epidemic: Legislation to Help Patients with Substance Use Disorders.” We commend your leadership on this important issue and thank you for noting in the press release that “The Committee has passed several important bills to give federal and state officials new funding and authorities to treat these epidemics, but there is more work to be done. Next week, the Health Subcommittee will hold a hearing to conduct oversight of the Administration’s implementation of previously enacted legislation and to consider additional legislative proposals to prevent overdoses and help patients.”

We very much appreciate the Committee’s previous work to address the nation’s opioid crisis and write today to urge your oversight and attention to the implementation status the *Special Registration for Telemedicine Act of 2018*, which was included in the SUPPORT Act of 2018. This teleprescribing provision has significant potential to improve and expand access to care for underserved, rural, and hard-to-reach patients and communities. However, we are concerned that the Drug Enforcement Administration (DEA), has not yet promulgated either a proposed or final implementing regulations despite being required by statute to issue a final regulation by October 24, 2019.

We thank you in advance for your attention to this important public health provision that holds great promise to expand access to medication-assisted treatment (MAT) for opioid use disorder (OUD), but also to provide other patients with access to medically-necessary controlled substances via telemedicine/telehealth.

About Ochsner

Ochsner is one of the nation’s leading health systems and is Louisiana’s largest not-for-profit health system and one of the largest independent academic health systems in the United States. Specifically, in an innovative approach with the Ochsner Health Network (OHN), Ochsner partners with other health systems to offer 41 owned, managed, and affiliated hospitals and specialty hospitals – a model that allows many communities to maintain local ownership and control of their hospitals, while bringing to bear the benefit of the scale, assets, and experience of the Ochsner clinical and operational teams. With more than 100 sites of care among its health centers and urgent care clinics, each year OHN serves approximately 1 million patients – from every state in the nation and more than 70 countries. Ochsner offers clinical expertise in more than 90 medical specialties and subspecialties, and includes approximately 3,600

Ochsner Health System, a part of Ochsner Clinic Foundation

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affiliated physicians, with nearly 1,500 employed Ochsner physicians and another 26,000 employees. In 2019, Ochsner earned two “Best Hospital” Specialty Category Rankings in U.S. News & World Report.

Ochsner has been providing high-quality clinical and hospital patient care to Louisiana residents since 1942 and as part of its mission has an enduring commitment to delivering high-quality, comprehensive state-of-the-art care to patients throughout the Gulf South Region. As a system that delivers health, we are driven by our commitment to our mission to Serve, Heal, Lead, Educate and Innovate, and that passion is shared with every person who passes through our doors. With approximately 16% of Louisiana’s population living in rural communitiesⁱ and 30,000+ inpatient discharges, 17,000+ inpatient surgeries, and 272,000+ emergency room visits in 2017, it is critical that these areas have access to high-quality, specialized care, which include the utilization of telemedicine/telehealth.ⁱⁱ

The Power of Telemedicine

Ochsner plays an essential role in providing care to individuals, families, and communities in rural and underserved areas throughout Louisiana and Mississippi. As part of the fulfillment of this commitment and healing mission, Ochsner has invested heavily into its telemedicine/telehealth capabilities, developed medical complexes in rural areas, and assumed management of rural hospitals in Louisiana and Mississippi so patients can receive the care they need close to home. We are proud that our pioneering telemedicine/telehealth program is meaningfully increasing patient access to medical services in rural areas of Louisiana and Mississippi where, in certain cases, no such access existed before.

Ochsner provides over 100 telemedicine/telehealth services to more than 80 hospital and clinic partners, treating more than 68,000 patients in 2019 using telemedicine/telehealth platforms and devices. The majority of our partners in telemedicine/telehealth are rural hospitals located throughout Louisiana and Mississippi. Unfortunately, these areas face a significant shortage of neurologists, psychiatrists, and other physician specialists, leaving too many communities without access to the specialty care their residents need and deserve. We feel strongly that telemedicine/telehealth is a core health care service for rural communities and teleprescribing is a key component of that offering.

Special Registration

For years our health system has been eagerly anticipating the DEA’s promulgation of implementing regulations for the special registration process, dating back to the enactment of the *Ryan Haight Online Pharmacy Consumer Protection Act of 2008*. At that time, telemedicine/telehealth was in its infancy and the principal intent of the Act was to reduce and prevent fraudulent prescribing over the internet. Since that time, however, we have experienced significant technological advances and now telemedicine/telehealth offers patients access to a wide-range of high-tech primary and specialty care, including in their own homes. We very much appreciate and understand the need to strike a balance in the implementing regulation vis-à-vis prescribing a controlled substance via telemedicine/telehealth when the prescriber has not previously examined the patient in person.

As a practicing neurologist, I know first-hand the challenges patients and their caregivers face in accessing health care and securing medically-necessary, life-changing controlled substances: a mom who needs a refill for her child’s ADHD and they have just moved to a new state into a community without a local clinic and she cannot get her previous pediatrician to write a refill because she is out of state; a young adult

with epilepsy who needs her medication to manage seizures while away at college in a small town without a local prescriber; or a middle aged man with OUD who, because of stigma, doesn't want to go to the local physician for his MAT. These are just three examples of when a patient with a legitimate need may not have access or ability to see a prescriber face-to-face first before needing access to a controlled substance.

I understand from my colleagues who work in behavioral health, that the *Special Registration for Telemedicine Act of 2018* has particular importance to the work they do with and for patients. Being able to have a confidential mental health or other clinical visit with a provider via telemedicine not only is convenient but could be life-saving. Add on if that provider can use telemedicine to prescribe a pharmaceutical therapy – treatment for anxiety or depression, for example – that is indicated for that patient and you have improved access to patient-centered care and likely improved the patient's outcome. Congress importantly recognized the importance of teleprescribing to the public's health through its inclusion of the *Special Registration for Telemedicine Act of 2018* in the SUPPORT Act.

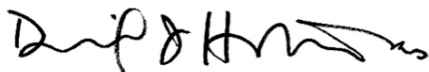
Recommendations

We believe that teleprescribing is an essential service, particularly for rural, underserved, and hard-to-reach patients and communities. We are concerned that the DEA is more than four months overdue from issuing what was supposed to be final regulations to implement the *Special Registration for Telemedicine Act of 2018*, and we believe Congressional oversight is appropriate and necessary at this time. Last summer, we joined with 18 other organizations to call upon the DEA to ensure that its regulation providing for special registration for telemedicine/telehealth prescribing of controlled substances addresses the nation's top public health needs and expands access to care for patients living with serious, chronic, disabling, and debilitating conditions. We along with a broader community of patients and providers are anxiously awaiting the DEA's action. We thank you in advance for your oversight of this important public health provision contained in the SUPPORT Act.

Summary

Thank you for your attention to the status of the *Special Registration for Telemedicine Act of 2018*. Please do not hesitate to contact me or Will Crump at william.crump@ochsner.org about these comments or any questions generally about the effective deployment of telemedicine/telehealth digital medicine services.

Respectfully submitted,



David Houghton, MD
System Chair, Telemedicine
Vice Chair, Department of Neurology

ⁱ 2017 USDA ERS.

ⁱⁱ Louisiana Health Information Network, 2017.