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August 30, 2023

Jennifer A. Hobin, PhD
Director, Office of Science Policy, and Communications
Chief of Staff
National Institute on Drug Abuse
6001 Executive Boulevard
Bethesda, MD 20892

*Re: Request for Information: Soliciting Data on the Impact of Telehealth
Initiation of Controlled Substances Permitted Under COVID-19 Public
Health Emergency*

Dear Dr. Hobin:

The American Academy of Child and Adolescent AACAP is the professional home to more than 10,000 child and adolescent psychiatrists, fellows, residents, and medical students with a mission to promote the healthy development of children, adolescents, and families through advocacy, education, and research. On behalf of the physicians we represent, and the children and youth they serve, we appreciate the opportunity to provide comments on the Request for Information (RFI) cited above. Child and adolescent psychiatrists are a highly trained workforce of medical doctors who have extensive specialized training in both adult and child psychiatry whose patients benefited greatly from increased access to telemedicine visits during the Public Health Emergency (PHE), and we offer their perspectives on the requests for information below.

Benefits Associated with Telehealth Prescribing of Controlled Substances, Including Prescription Opioids, Stimulants, Benzodiazepines, and Dissociatives

For a subset of the growing number of patients being treated for a substance use disorder, it can be challenging to get to an office visit to

begin buprenorphine treatment. In many cases, getting them started on their treatment through telehealth prescribing is the best option. The struggles can be greater for those with financial constraints and those living in rural areas. According to research conducted by the National Institutes of Health, the use of telehealth increased access to needed treatment for this patient population during the Public Health Emergency (PHE), and with a high level of adherence, and decreased risk of overdose.ⁱ

AACAP supports stimulant medication prescribing via telehealth for the increased access to care it provides. We believe that for some people with Attention Deficit Hyperactivity Disorder who had previously been untreated, telehealth offered a way for them to be seen and treated appropriately for their condition. For youth who have been prescribed stimulant medications, frequent monitoring of blood pressure and growth is necessary whether they were seen via telehealth or in-person. A youth's primary care office and existing resources at school or at home can help with the appropriate monitoring of growth and vital signs for youth who have been prescribed stimulants from their psychiatrist via telehealth.

Many states have controlled substance monitoring databases to track prescription rates. Some of them do not differentiate between prescriptions that have been initiated by telehealth or in person. Existing resources at the state level could be improved to differentiate between in-person and telehealth prescribing to gain a more complete picture of telehealth's impact and benefits.

Harms Associated with Telehealth Prescribing of Controlled Substances, Including Prescription Opioids, Stimulants, Benzodiazepines, and Dissociatives

AACAP members believe that telehealth prescription of stimulant medication is associated with fewer risks than the telehealth prescription of benzodiazepines, particularly due to the risk of chronic dependence on benzodiazepines. A possible harm associated with telehealth for patients who take benzodiazepines is that withdrawal symptoms may not be as visible to a clinician during a telehealth exam. For some conditions, such as neurodevelopmental disorders and co-occurring catatonia, prescribing lifesaving medications via telehealth is a better option than frequent office visits. It is not advisable to restrict a whole class of medications as there may be specific indications where telehealth prescribing is beneficial. Certain patient populations benefit greatly from telehealth visits, and whether a patient will do better with telehealth or with in-person visits should be left to the clinical judgement of qualified clinicians.

The harms of telehealth prescribing of dissociative medications far outweigh the benefits. Administration of these drugs should be done in an office setting where blood pressure, pulse

oximetry, and other monitoring by clinicians can take place in real-time. The risk of ketamine diversion is likely high, but difficult to quantify.

Comparative Diversion Risk of Prescriptions Initiated Via Telehealth vs In Person

The diversion risk is the same for those receiving telehealth or in-person care. Providers have no way of knowing what patients do with prescriptions once filled and brought home.

We appreciate the opportunity to provide comments on the questions posed in the RFI. Should you have questions, please do not hesitate to reach out to Karen Ferguson, Deputy Director of Clinical Practice at AACAP at kferguson@aacap.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Ng', with a stylized flourish at the end.

Warren Y.K. Ng, MD, MPH
President
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Washington, DC 20016-3007