

IHS Update: Release of IHS policy - “Internet Eligible Controlled Substance Provider Designation.”

The Indian Health Service is pleased to announce the release of the [Indian Health Manual Part 3, Chapter 38](#) policy entitled “Internet Eligible Controlled Substance Provider Designation.” This policy is designed to increase access to telemedicine models for the treatment of opioid use disorder for American Indians and Alaska Natives living in rural or remote populations. Supplemental information surrounding this policy exception can be found on the [IHS blog](#).

The IHS has taken steps to increase access to Medication Assisted Treatment (MAT). All IHS controlled substance prescribers have been exposed to the fundamentals of screening for and treating opioid use disorder. The IHS has recently expanded access to buprenorphine and naltrexone, commonly used agents for providing MAT, through the addition of these medications to the IHS National Core Formulary. The IHS has also hosted Drug Addiction Treatment Act (DATA) waiver training for practitioners to prescribe buprenorphine in an outpatient or office-based setting. By now, our health care workforce should be aware of the role of MAT in treating opioid use disorder, as well as be informed of the local available treatment and recovery support programs for patients that are engaged in their recovery journey.

Opioid use disorder is a chronic disease and treatment is available. Medication in support of recovery is one part of a comprehensive approach toward achieving long-term recovery.

This new policy allows health care prescribers to apply to IHS to be designated as an Internet Eligible Controlled Substance Provider. Designated providers can prescribe MAT without first conducting an in-person medical evaluation for patients who are not in a DEA-registered facility or in the presence of a DEA-registered practitioner. This will expand access to the full spectrum of treatment options for opioid use disorder to individuals in rural and remote areas.

Expanding Medication Assisted Treatment locations will reduce the time for patients to start their recovery journey, potentially lower the risk for return to drug use, and may reduce the potential of death from overdose. An example where this policy exception could be used is in a remote Alaska village clinic that is staffed only by a [community health aide](#).

Please visit the [IHS opioids website](#) and subscribe to the [opioid listserv](#) for current information about initiatives to impact the opioid epidemic in tribal communities.