

MEDICATIONS CRUCIAL FOR MENTAL HEALTH, SUBSTANCE USE DISORDER, AND OTHER CARE SHOULD NOT BE LIMITED FOR MILLIONS OF AMERICANS

The Drug Enforcement Administration's (DEA) highly anticipated proposed rule may continue to require an in-person requirement for Schedule II medications. Unfortunately, this overbroad approach fails to distinguish between more dangerous Schedule II treatments and the non-narcotic schedule IIN substances necessary for comprehensive psychiatric treatment. Restricting access to Schedule II-N medications would cut off a lifeline to [millions of Americans](#), particularly those who live in rural areas, have insufficient transportation, childcare responsibilities, inflexible work schedules, health challenges, among others. Read more [here](#).

While it is the responsibility of the DEA to protect Americans from dangerous substances, the approach offered by the administration – of requiring an in-person provider visit – is overbroad and will lead to harsh consequences for many Americans relying on telehealth for access to mental health services.

TELEHEALTH IS A LIFELINE FOR MILLIONS OF PATIENTS TO ACCESSING CRITICAL MEDICATIONS

The Centers for Disease Control and Prevention (CDC) [found](#) that approximately one third of adults with ADHD take stimulant medication with 71.5 percent having difficulty filling their prescription because the medication was [unavailable](#). Approximately one half of adults with ADHD have ever used telehealth for ADHD services. The report provides insight into the size of the affected population for potential rule changes.

As of December 2023, more than half (169 million) of the U.S. population lives in a Mental Health Professional Shortage Area (Mental Health HPSA). Rural counties are more likely than urban counties to lack behavioral health providers. The Health Resources and Services Administration (HRSA) [recommends](#) telebehavioral health as it helps alleviate behavioral health workforce shortage and maldistribution.

At the DEA listening session, Shabana Khan, M.D., chair of the American Psychiatric Association (APA) Committee on Telepsychiatry, [said](#) an in-person requirement would “[force] practitioners to cherry-pick patients that have the ability to travel to in-person care.”

USE CASE

Stimulant medications are **first-line treatment** for attention deficit hyperactivity disorder (ADHD)

According to the Centers for Disease Control and Prevention (CDC), [millions of children](#) have been diagnoses with ADHD.

Having ADHD is associated with a substantially increased risk of school dropout, arrest and incarceration, traffic citations and accidents, substance use disorders, and divorce. Virtually all of these risks have been demonstrated to be decreased when individuals are engaged in medication treatment for ADHD in [epidemiologic studies](#).

Treatment for ADHD can also include behavior therapy and medication. For children 6 years of age and older, the American Academy of Pediatrics (AAP) [recommends](#) behavior therapy and medication, preferably both together.

TELEHEALTH IS THE STANDARD OF CARE, PARTICULARLY FOR MENTAL AND BEHAVIORAL HEALTH SERVICES

- The American Psychiatric Association released a statement, indicating that telemedicine and telepsychiatry guidelines are similar to in-person standard of care with some nuances. The American Society of Addiction Medicine (ASAM) strongly recommends for clinicians to consider using telemedicine to deliver behavioral treatment for stimulant use disorder.
- The Medicare Payment Advisory Commission (MedPAC) Commissioners discussed their support for the removal of in-person requirements in Medicare with respect to behavioral health. Many of the Commissioners agreed that an in-person requirement for behavioral health services is a baseless provision for fraud concerns.
- During a House Energy & Commerce hearing and a House Ways & Means hearing, noted telehealth skeptic Dr. Ateev Mehrotra stated in his written testimony that “in-person visit requirements limit the ability of telehealth to expand access to mental health services for patients who live far from any mental health clinician and, therefore, cannot have in-person care.”

COMPREHENSIVE MENTAL HEALTH CARE CANNOT BE OFFERED WITHOUT STIMULANTS

Mental health medications, including stimulants, are a critical part of medical practice when comprehensively treating mental health conditions, as widely recognized by government health experts and major medical societies.

Proposed rules to prohibit controlled substance prescribing without an in-person evaluation would require significant changes in current practice, potentially limiting access to stimulant medications for ADHD.

A coalition of mental health organizations, including the American Psychiatric Association, the American Academy of Pediatrics and the Kennedy Forum, emphasized the dangers of removing access to Schedule IIN via telehealth in a letter to the DEA.

“Not allowing access to Schedule IIN via telehealth is not a guardrail, **it is a blanket prohibition** that will **significantly impede access to mental health services** and ultimately, hurt patients.”

While treatment for ADHD can include behavioral therapy and/or medication, research shows that stimulant medication is the most effective treatment when compared to other treatments. The American Academy of Child and Adolescent Psychiatry (AACAP) urged the DEA to allow providers to prescribe non-narcotic schedule II medications due to the ongoing national children’s mental health emergency.