

STATE OF PLAY

THE NEED FOR A SPECIAL REGISTRATION ALLOWING PRESCRIBING THROUGH TELEMEDICINE

Despite many years of rulemaking, in late August, it was [widely reported](#) that the DEA planned to release a potentially unworkable regulation without a clear path to maintaining patient access, despite the multitude of stakeholder comments and listening sessions that took place during the previous proposed rulemaking.

Throughout September, advocates voiced concerns and worked together on an aligned strategy to avoid a loss of access to care at the end of the year. Nearly 350 organizations joined the Alliance for Connected Care in [calling on the Administration](#) to avert the access cliff, joined by several nationwide grassroots petitions. Congressional letters from the [Senate](#) and [House](#) called on the Administration to act on a temporary extension to ensure patients do not lose access to care.

[See here for a full background.](#)

CURRENT STATUS

On November 15, 2024, DEA and HHS [released](#) a [one-year extension](#) of current telemedicine flexibilities through December 31, 2025.

This action followed a large stakeholder effort led by the [Alliance for Connected Care](#) as well as congressional leaders from the Senate and House.

To the Alliance's understanding, the [permanent regulation](#) is still progressing.

WHAT'S NEXT

While the one-year extension provides some temporary relief for continuity of patient access and providers -- it is not a permanent solution.

The permanent regulation which concerned stakeholders this summer is still progressing – and may still include some of the draconian guardrails reported by the press.

Your voice is needed when this rule is released.

REMAINING THREATS

There continue to be outdated misconceptions about telehealth that undermine policy making and may lead to policies that do not strike the appropriate balance between diversion concerns and ensuring access. We remain extremely concerned that a permanent regulation will include provisions that dramatically curtail patient access to care, such as:

- Requirement for documentation of an in-person medical evaluation, either for the patient or placed on the practitioner offering the prescriptions.
- Omission of some types of controlled medications required for effective patient care.
- Impossible information flow and documentation requirements (such as checking 50 state PDMPs, which isn't currently possible).
- Many other restrictions remain possible, including many challenging restrictions included in the 2023 proposed rule.

WHAT CAN YOU DO?

Given the complexity and importance of this rule, we believe that the DEA will need significant public input and expertise as part of the public rulemaking process. We will also push for them to create additional public stakeholder input opportunities.

- Capturing clinical evidence and assembling clinical expertise to use in response to the permanent proposal when released.
- Collect patient stories illustrating the importance of access to care through telehealth

