



**Statement for the Record:
“Policies to Protect Our Communities from Illicit Drug Threats”**

**U.S. House of Representatives
Committee on Energy & Commerce, Subcommittee on Health**

**Alliance for Connected Care
1100 G Street NW, Suite 420, Washington, DC 20005
March 26, 2026**

The Alliance for Connected Care (the “Alliance”) appreciates the opportunity to submit a statement for this hearing on policies to protect communities from illicit drug threats. The [Alliance](#) is dedicated to improving access to care through the reduction of policy, legal, and regulatory barriers to the adoption of connected care capabilities, including telemedicine, remote patient monitoring (RPM), and AI-enabled care. Our members are leading health care and technology organizations from across the spectrum, representing health systems, health payers, technology innovators, and patient and provider groups, including many types of clinician specialty and patient advocacy groups who wish to better utilize opportunities enabled by virtual care.

Telehealth Is an Essential Tool for Treating Substance Use Disorders

Telehealth has proven to be a crucial tool in reducing overdose fatalities among individuals seeking mental and behavioral health services. Congress recognized this and sent President Trump the [SUPPORT for Patients and Communities Act](#) and its [2025 Reauthorization Act](#), which called for safe access to controlled substances via telehealth and he signed into law. Since the passage of the SUPPORT Act, the evidence supporting telemedicine for treatment of substance use disorder (SUD) has grown. For example, [2023 study](#) found that use of SUD-related telehealth services was associated with a significantly reduced risk of fatal drug overdose.

Telehealth improves access to SUD treatment for populations that might otherwise be unable to access these services. Rural communities with access to telehealth have [higher uptake](#) of SUD counseling, case management, and recovery services compared to communities without telehealth capabilities. Patients in these communities demonstrate better clinical outcomes, including improved treatment retention.

Congress Must Encourage DEA to Finalize a Workable Permanent Framework

Despite this clear evidence, patients and providers face continued uncertainty over the legal framework for prescribing controlled substances, including medication for opioid use disorder (MOUD), via telehealth. Congress required the Drug Enforcement Administration (DEA) to establish a Special Registration process in the Ryan Haight Act of 2008, and again in the SUPPORT Act. More than 17 years later, a permanent rule has still not been finalized. Patients and providers have instead depended on a series of temporary extensions; the current (fourth) extension runs through December 31, 2026.

The Alliance urges the Subcommittee to encourage the DEA to work collaboratively with federal agencies, providers, and patient advocates to finalize a permanent, workable framework that preserves broad access to telehealth-based prescribing while giving DEA the tools it needs to prevent diversion. For individuals with SUD living in rural areas, telehealth is often the only lifeline to treatment.

Our Request to the Subcommittee



We ask this Subcommittee to take the following steps:

1. **Engage with a wide range of stakeholders in reevaluating legislation that would limit access to substance use disorder treatment.** The Alliance believes additional review is needed for H.R. 5629, which would nullify the 2024 HHS rule expanding access to medications for opioid use disorder. The access created by that rule, including greater flexibility for telemedicine prescribing of MOUD, has directly supported the treatment retention that research shows is essential to long-term recovery. Rolling back these gains would undermine the goals Congress articulated in the SUPPORT Act and work against the Administration's National Drug Control Strategy.
2. **Direct DEA toward a patient-centered permanent rule.** Congress should actively oversee and encourage the DEA to finalize a Special Registration framework that maintains comprehensive access to telehealth prescribing, consistent with the goals of the SUPPORT Act. A thoughtful rule should empower doctors and nurse practitioners to care for patients responsibly while giving DEA tools to prevent inappropriate prescribing.
3. **Protect continuity of care during the transition.** For many people with SUD, continuity of care and treatment retention are key to achieving long-term recovery. Any regulatory transition must ensure patients currently receiving MOUD and other behavioral health medications via telehealth are not subjected to abrupt care disruptions.
4. **Require meaningful stakeholder engagement.** DEA should engage with medical providers and patient advocates to collect real-world feedback on safeguards that address diversion risks without restricting access to legitimate care. This Congress and the Administration's goal to reign in illicit drug threats can only be met if all clinically appropriate treatment options remain available.

The Alliance greatly appreciates the Subcommittee's leadership on substance use-related issues and urges Members to signal clearly to the DEA that Congress expects a permanent, workable, patient-centered solution. Please do not hesitate to contact kvinson@connectwithcare.org with any questions or to hear from Alliance member experts on these topics.

Sincerely,

A handwritten signature in cursive script that reads "Christopher Adamec".

Chris Adamec
Executive Director
Alliance for Connected Care