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September 6, 2024

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The White House

1600 Pennsylvania Avenue, NW

Washington, DC 20500

RE: Continuing access to mental health and substance use treatment via telemedicine for prescription of controlled medications

Dear Director Tanden,

The American Psychiatric Association (APA), the national medical specialty society representing over 39,000 psychiatric physicians and their patients, **calls on the Administration to work with the Drug Enforcement Administration (DEA) to extend the “Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications” for a third time through December 31, 2026.** Millions of Americans are susceptible to abruptly losing care unless the Administration acts. This two-year extension will allow for a rule to be promulgated and for a reasonable time period for practices and clinicians who are scheduling several months out for appointments, to thoughtfully implement any new administrative and practice changes in order to prevent disruption of patient care.

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 provides the DEA Administrator, in conjunction with the Secretary of HHS, with the authority to promulgate rules under which practitioners may prescribe controlled medications. At its peak in 2020, telehealth represented 40% of mental health and substance use outpatient visits and leveled out at 36% in 2022. APA and its members are concerned that with current telemedicine flexibilities ending on December 31, 2024, that countless individuals across the country are within weeks of losing access to their mental health and substance use treatment. Telemedicine has not been shown to increase diversion. Rather it decreases no-show rates and increases access to medically necessary care that considers the patient’s preferences. Prescribing practitioners can accommodate barriers to in-person care such as transportation, employment hours, family-care situations, stigma and violence. Reducing flexibility in modalities of care increases inequity, forcing practitioners to cherry-pick patients that have the ability to travel to in-person care.

In a survey of our membership in April and May of 2023, 97% of the over 1600 respondents conducted telehealth visits. Most psychiatrists maintain a physical practice location where they are capable of seeing patients as needed, but many do not have physical locations in every state in which they carry a medical license and currently see patients. Respondents report medical necessity as the primary factor determining their clinical decisions and see lack of clarity around telemedicine regulations as the primary barrier to their ability to serve patients. Respondents appreciated the opportunity to serve patients with health-related social needs including mobility, transportation, as well as childcare and caregiving barriers that prevent them from traveling to psychiatric appointments, particularly in the 55% of US counties that have no psychiatrist and 70% of US counties with no child and adolescent psychiatrist.

APA is committed to working with the Administration to advance investments in mental health and substance use treatment so all individuals may receive quality care. **We again request that the Administration work with the DEA, and any other relevant agencies, to extend the prescribing flexibilities for two years.**

Thank you for your consideration of this request. If you have any questions or would like to discuss these comments further, please contact Brooke Trainum, Director, Practice Policy, btrainum@psych.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marketa M. Wills', is displayed within a white rectangular box.

Marketa M. Wills, MD, MBA, FAPA
CEO & Medical Director

Cc: Terri Tanielian, Special Assistant to the President for Veterans Affairs, White House