June 4, 2026

The Honorable Terry Cole
Administrator
Drug Enforcement Administration
700 Army Navy Drive
Arlington, VA 22202

RE: Request for Meeting to Discuss a Permanent Special Registration Framework for Telemedicine Prescribing of Controlled Substances

Dear Administrator Cole,

On behalf of ATA Action, the American Telemedicine Association's affiliated advocacy organization, I write to respectfully request a meeting with you and your team to discuss the path forward for a permanent special registration framework governing the remote prescribing of controlled substances as you consider next steps in the rulemaking process. With current pandemic-era prescribing flexibilities set to expire on December 31, 2026, and with tens of millions of patients now relying on telehealth for access to critical controlled-substance medications, we believe it is essential that DEA and the telehealth community work closely together to develop a final rule that is both workable and effective.

ATA Action has been a consistent and constructive partner in this rulemaking process. We submitted detailed recommendations to DEA in September 2023, responded substantively to the January 2025 proposed rule (Docket No. DEA-407), and most recently transmitted a policy memo to ONDCP in March 2026 summarizing our recommendations and the strong evidence base supporting a permanent, access-preserving framework. Throughout this process, we have remained committed to the same core principle: telehealth is a modality of care, not a category of care, and the regulatory framework should reflect that reality.

The evidence accumulated over the course of the COVID-19 flexibilities strongly supports a permanent, non-restrictive framework. In 2024 alone, over 7 million controlled-substance prescriptions were issued via telemedicine without a prior in-person visit, with no federal evidence of systemic diversion or fraud. Peer-reviewed research shows that telehealth prescribing is clinically comparable to in-person care, with similar or better patient retention, lower rates of overdose, and strong patient engagement. This record should inform the parameters of any final rule.

Priority Policy Recommendations for a Final Rule

We would welcome the opportunity to discuss the following key priorities with your team as DEA develops a permanent rulemaking:

- **Integrate Special Registration into the existing DEA Form 224 system.** Special Registration should be an optional, supplemental add-on—such as a simple checkbox—that results in a modifier (e.g., a "T") on the practitioner's existing DEA number, rather than a separate parallel registration system. This minimizes administrative burden while giving relevant stakeholders the ability to identify legitimate telemedicine prescribers.

- **Remove the requirement for providers to maintain a physical address in every state.** Requiring a brick-and-mortar presence in every state of practice defeats the core purpose of telemedicine—bridging geographic gaps in care. Providers should maintain required state licensure and controlled substance authority, but physical in-state addresses should not be required unless a provider is storing or dispensing controlled substances on-site.
- **Do not limit Special Registration to specific specialties or impose arbitrary prescribing quotas.** The January 2025 proposed rule's 50-percent cap on Schedule II prescriptions and exclusion of primary care physicians would severely restrict access to care, particularly in rural and underserved communities lacking psychiatric or specialist coverage. All qualified practitioners operating within their state's scope of practice should be eligible for Special Registration, and clinical judgment should not be supplanted by administrative thresholds.
- **Address the geographic "red flag" problem for pharmacists.** DEA should issue clear guidance—and potentially a safe harbor—clarifying that geographic distance between a prescriber and patient is not, by itself, a red flag warranting refusal to dispense, when a prescription is issued by a provider with verified Special Registration status. Geography alone should not be a basis for denial.
- **Ensure PDMP requirements are operationally feasible.** A nationwide PDMP check requirement is not currently achievable given the lack of a unified national system and significant variation in state reporting practices. Any final rule should include flexible phase-in provisions and clear compliance pathways for states that have not yet achieved full PDMP interoperability.
- **Provide sufficient time and avoid burdensome fees.** DEA should allow adequate implementation time following a final rule for providers, platforms, pharmacies, and health IT systems to adapt. Fee structures should be carefully calibrated to avoid creating financial disincentives that effectively exclude independent practitioners and rural providers from participating—outcomes that would ultimately harm access to care.

We are eager to work with DEA to develop a final rule that protects patients, supports legitimate prescribers, and prevents diversion — without creating unnecessary barriers to care. I respectfully request a meeting with you and your team at your earliest convenience and welcome you to contact me directly to arrange a time.

Sincerely,

Joe Nye

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