



June 11, 2026

The Honorable Joseph F. Vitale
Chairman, Senate Health, Human Services and Senior Citizens Committee
New Jersey State Senate
State House Annex
P.O. Box 068
Trenton, NJ 08625-0068

RE: ATA ACTION SUPPORT OF S4194 AND S4210

Dear Chairman Vitale and members of the Senate Health, Human Services and Senior Citizens Committee,

On behalf of ATA Action, I am writing to express our support for both S4194 (Vitale/Gopal) and S4210 (Mukherji), which would each, in different ways, expand the ability of licensed health care providers to prescribe Schedule II controlled dangerous substances via telemedicine and telehealth. While we support both bills, ATA Action expresses a preference for S4194 as the more comprehensive solution to an outdated and access-limiting restriction.

ATA Action is the affiliated policy and legislative advocacy arm of the American Telemedicine Association. ATA Action is the leading advocacy organization dedicated to advancing policy and accelerating the adoption of technology-enabled healthcare. Working collaboratively with federal and state legislators and policymakers, our organization drives industry momentum by influencing legislative and regulatory developments in telehealth, virtual care, remote patient monitoring, artificial intelligence in health, health data privacy, private sector healthcare investment, and more. We represent a diverse membership – including hospital systems, technology companies, professional associations, direct-to-consumer digital health providers, payers, pharmaceutical manufacturers, digital therapeutics developers, and remote monitoring organizations.

The Current In-Person Requirement Is a Barrier to Care Without a Clinical Basis

New Jersey's current law requires an initial in-person examination before any Schedule II controlled dangerous substance may be prescribed via telehealth, with mandatory in-person follow-up visits every three months for the duration of treatment. This categorical requirement does not reflect the standard of care and how clinicians actually manage conditions like ADHD, chronic pain, and other diagnoses commonly treated with Schedule II medications. For patients with reliable, ongoing relationships with their providers, the mandate for recurring in-person visits creates an unnecessary and often prohibitive burden, particularly for patients who live far from their provider, lack transportation, or cannot take time away from work or caregiving responsibilities.

Both bills before the Committee recognize that this restriction is outdated. The question is how broadly to fix it.

ATA Action's Preference: S4194

S4194, sponsored by Chairman Vitale and Senator Gopal, takes the right approach: it eliminates the in-person examination requirement for Schedule II prescriptions via telehealth across the board, provided the

ATA ACTION

13th St NW, 12th Floor Washington, DC 20005
Info@ataaction.org



provider uses interactive, real-time, two-way audio and video technology. This is a clinically sound and appropriately scoped standard. The requirement of live audio-video interaction ensures the provider can conduct a thorough clinical encounter, observe the patient and apply the same standard of care as an in-person visit without arbitrarily demanding that the encounter occur in a physical office.

This approach is consistent with how the federal government approached telehealth prescribing flexibilities during the COVID-19 public health emergency, and it reflects the broader national trend toward permitting Schedule II prescribing via telehealth with appropriate clinical safeguards. There is no evidence that telehealth-based Schedule II prescribing, conducted through live audio-video encounters with proper clinical evaluation, results in worse patient outcomes or meaningfully higher rates of diversion compared to in-person prescribing.

S4210 Is a Meaningful Step Forward

S4210, sponsored by Senator Mukherji, addresses a narrower but significant problem: the treatment of adult ADHD with stimulant medications via telehealth. Under current law, these adult patients face the same burdensome in-person initial examination and quarterly in-person follow-up requirements as patients prescribed any other Schedule II substance. S4210 would retain the initial in-person examination for this patient population but extend the follow-up interval from every three months to every six months, and permit those follow-up contacts to occur via telehealth. This is a practical and patient-centered improvement that would reduce barriers to ongoing ADHD care for adult New Jerseyans.

ATA Action supports S4210 as a meaningful incremental improvement and commends Senator Mukherji for advancing it. That said, we encourage the Committee to advance S4194 as the primary vehicle, as it more fully addresses the underlying access problem and does not leave patients with other conditions, including chronic pain and other diagnoses managed with Schedule II medications, still subject to the outdated in-person mandate.

Thank you for the opportunity to comment and for the Committee's continued leadership on telehealth policy in New Jersey. We urge the Committee to advance S4194, and we are supportive of S4210 as well. If you have any questions or would like to discuss further, please contact me at hyoung@ataaction.org.

Kind regards,

A handwritten signature in black ink that reads "Hunter Young". The signature is written in a cursive, flowing style.

Hunter Young
Head of State Government Relations
ATA Action

ATA ACTION

13th St NW, 12th Floor Washington, DC 20005
Info@ataaction.org