
Urgency to Extend Telehealth Prescribing Flexibilities for Controlled Substances



As the end of the year approaches, telehealth advocates are raising alarms about the potential expiration of virtual prescribing flexibilities for controlled substances. These temporary allowances, enacted during the COVID-19 pandemic, have provided critical access to essential treatments for patients across the United States, particularly those in underserved communities. If the Drug Enforcement Administration (DEA) fails to extend these provisions, patients could face significant hurdles in accessing care. Several healthcare organisations, led by the American Telemedicine Association (ATA), call for an extension to prevent what they describe as a "predictable and preventable crisis."

Role of Telehealth During the Pandemic

During the pandemic, telehealth services emerged as a vital tool for maintaining continuity of care, especially when in-person visits were impossible or unsafe. Temporary DEA flexibilities allowed healthcare providers to prescribe controlled substances through virtual platforms, addressing urgent needs in mental health care, substance use treatment, and end-of-life care. For countless patients, these virtual services were more than a convenience—they were a lifeline.

The expiration of these flexibilities would disproportionately affect patients who rely on virtual care to access necessary treatments. Patients in rural areas, those with limited mobility, and individuals facing financial or logistical barriers to in-person visits would be particularly vulnerable. Without the option for virtual prescribing, many could be left without timely access to life-saving medications, further exacerbating existing healthcare disparities.

Calls for a Two-Year Extension

To address these concerns, over 330 healthcare organisations have united to push for an extension of the DEA's virtual prescribing allowances. In letters addressed to Congress, the White House, and the DEA, these groups advocate for a two-year extension to ensure uninterrupted patient care. The coalition includes influential entities such as the American College of Physicians, the American Medical Informatics Association, and the National Rural Health Association.

The organisations argue that extending these flexibilities would give the DEA the necessary time to establish a permanent virtual prescribing framework that balances access to care and appropriate enforcement. They emphasise that there is no clinical justification for requiring in-person visits for prescribing controlled substances, as this requirement only leads to unnecessary delays, increased travel, and financial burdens for patients.

Challenges Facing Permanent Regulatory Reform

While there is broad support for extending telehealth flexibilities, the path to permanent regulatory reform faces several hurdles. Although the DEA has granted temporary extensions before, there is concern that it may allow these flexibilities to expire without sufficient public notice or input. Advocacy groups such as the Centre for Telehealth and e-Health Law (CTeL) are urging the DEA to act quickly by issuing an immediate extension and starting the process for a long-term solution.

The advocacy also highlights broader concerns about the future of telehealth services in the U.S. Without significant regulatory reform, the momentum gained during the pandemic could stall or even reverse, leading to a decline in telehealth utilisation. This could squander virtual care's potential to improve healthcare access, particularly for vulnerable populations who benefit most from remote services.

The looming expiration of virtual prescribing flexibilities for controlled substances is a pressing issue for the healthcare industry and patients alike. As telehealth has proven its value during the pandemic, extending these provisions is critical to ensuring continued access to essential treatments. With widespread support from healthcare organisations and advocacy groups, the call for a two-year extension offers a reasonable solution that allows the DEA time to craft long-term regulations. Policymakers must act swiftly to prevent disruptions in care and protect the health and well-being of countless Americans who rely on telehealth services for life-saving treatments.

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