



February 28, 2025

The Honorable Derek S. Maltz
Acting Administrator
United States Drug Enforcement Administration
8701 Morrisette Drive
Springfield, VA 22152

RE: Expansion of Buprenorphine Treatment via Telemedicine Encounter (Docket No. DEA-948)

Dear Acting Administrator Maltz:

On behalf of the more than 178,000 physician associates/physician assistants (PAs) throughout the United States, the American Academy of Physician Associates (AAPA) thanks the Drug Enforcement Administration (DEA), the Department of Health and Human Services (HHS), and President Trump for delaying the effective date of the Expansion of Buprenorphine Treatment via Telemedicine Encounter final rule until March 21, 2025. In previous comments,¹ AAPA noted a number of crucial problems with the proposal that would have reduced the effectiveness of telemedicine for addressing the opioid epidemic and increasing access to needed medication assisted treatment (MAT). Although we appreciate DEA's efforts to address some of our concerns, other problems were not addressed satisfactorily in the final rule. We therefore urge the administration to revisit this rule to change the decision made by the previous administration to require an in-person evaluation after an initial six-month supply of medication is prescribed, and to allow that decision to be made within the patient-provider relationship, consistent with state requirements.

PAs practice in all medical and surgical specialties and in all 50 states, the District of Columbia, U.S. territories, and in the uniformed services. Recognized in federal law as providers in opioid treatment programs, PAs provide care for patients with substance use disorder (SUD) as well as comorbid mental, physical, and behavioral health concerns. PAs are authorized to prescribe controlled medications in all 50 states and the District of Columbia.

As medical providers for many patients with SUD, PAs recognize that telehealth has become the preferred way of seeking care for many of our patients. Indeed, telehealth visits for mental health and SUD peaked during the COVID-19 pandemic, but only slightly waned to nearly forty-percent by 2022.² However, in the final rule, "a DEA-registered practitioner... is authorized to prescribe up to an

¹ AAPA. [Comments on DEA Proposed Rule, Expansion of Buprenorphine Treatments via Telemedicine Encounter](#), March 31, 2023.

² Kaiser Family Foundation. [Telehealth Has Played an Outsized Role Meeting Mental Health Needs During the COVID-19 Pandemic](#), 2022.

initial six-month supply (split amongst several prescriptions totaling six calendar months); additional prescriptions may be issued under other forms of telemedicine as authorized by the Controlled Substances Act (CSA) or after an in-person medical evaluation is conducted.” This requirement may discourage patients from continuing needed treatment, and places an unnecessary barrier between patients and the safe, convenient care they receive through telehealth. PAs and other providers have provided care for patients with the understanding that for care for patients with SUD/opioid use disorder is for a legitimate medical purpose within the usual course of medical practice and documented in a patient’s medical record. DEA should therefore reconsider the final rule to allow providers and patients to make decisions about in-person evaluations based on the needs of the patient as determined by their health care provider.

Once again, AAPA thanks DEA, HHS, and the Trump Administration for opportunity to comment on this rule once again, and for delaying its effective date. We are committed to working with you to advance our shared mission of improving access to high-quality healthcare and ending the opioid abuse epidemic. If we can be of assistance on this or any issue, please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at (571) 319-4338 or theuer@aapa.org.

Sincerely,

A handwritten signature in black ink that reads "Chantell Taylor". The script is fluid and cursive, with the first name "Chantell" and last name "Taylor" clearly legible.

Chantell Taylor
Chief of Public Affairs and Advocacy