American Academy of Physician Associates

March 18, 2025

Pamela Bondi
Attorney General
United States Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

RE: Drug Enforcement Administration: Special Registrations for Telemedicine and Limited State Telemedicine Registrations.- Attention: RIN 1117-AB40/Docket No. DEA-407.

Dear Ms. Bondi,

The American Academy of Physician Associates (AAPA), on behalf of the more than 178,000 PAs (physician assistants/physician associates) throughout the United States, would like to provide comments on RIN 1117-AB40/Docket No. DEA-407, related to special registrations for telemedicine and limited state telemedicine registrations. AAPA seeks to work in partnership with the DEA to advance policies that increase access to the high-quality care PAs provide, and specifically in the instance of this proposed rule, through the high-quality care PAs provide through telemedicine. Although AAPA looks to work with the DEA as it implements the final version of this proposed rule, AAPA has a variety of concerns about the manner in which the proposed regulation would potentially restrict patient access to much-needed care and unintentionally exclude PAs from providing telemedicine to some of those people most in need. It is within this context that we draw your attention to our comments.

PAs and Telemedicine

The COVID-19 pandemic jumpstarted a dramatic increase in expansion of care through telehealth and telemedicine. Nowhere is this more evident than in the increase among PAs utilizing pre-pandemic versus now. Before the pandemic, only 9.6% of PAs used telehealth, compared with 47.5% in 2023. "About half of all PAs (47.5%) used telemedicine in their clinical work within the last year. Primary care PAs (76.1%) were the most likely to report using telehealth or telemedicine, followed by PAs in internal medicine (52.6%) and those in other specialties (48.1%). Only a quarter of PAs in pediatric subspecialties (24.3%) reported using telehealth or telemedicine, while over a third of PAs in surgical subspecialities (37.3%) incorporated telehealth services into

their practice over the last year. PAs in emergency medicine had the lowest utilization of telehealth services (7.5%)"[1]

Although these numbers have decreased from their peak during the height of COVID (61.4%), it is clear that telemedicine as a means of reaching more patients, and providing much-needed care, is here to stay in a significant way.

PA Prescribing and Safety

PAs produce results and outcomes comparable to physicians in quality, outcomes, and patient satisfaction. The Medicare Payment Advisory Commission, an independent, bipartisan congressional agency that provides healthcare policy recommendations to Congress and the Secretary of Health and Human Services, concluded that "PAs provide care that is substantially similar to physicians in terms of clinical quality outcomes and patient experience." [2] PAs practice in all medical settings and specialties across the United States providing high-quality, patient-centered, and cost-effective care that benefits patients, employers, and the U.S. healthcare system.

In 49 states and Washington, D.C., PAs are authorized to prescribe medications in Schedules II-V, with Kentucky being the lone outlier to only allow schedules III-V and Georgia and Missouri allowing for very limited prescribing of schedule II by PAs.[3] In some states, PAs have been authorized to prescribe controlled medications for more than 30 years. Once granted, no state has ever rescinded PA authority to prescribe controlled medications. Authorizing PAs to prescribe controlled medications improves access and efficiency and decreases unnecessary emergency department use and return office visits. There has been no record of increased liability or malpractice claims due to PA prescribing of scheduled drugs, and professional liability insurers have not increased premiums because of PAs having been granted authority to prescribe controlled medications.[4]

Concerns Regarding Eligibility Requirements and Exceptions for Telemedicine and Advanced Telemedicine Prescribing Registrations

AAPA commends DEA for proposing a regulation to establish a Special Registration framework to bring structure and clarity to the exceptions of the required in-person medical evaluation prior to the issuance of a prescription of controlled substances from the Ryan Haight Online Pharmacy and Consumer Protection Act of 2008. However, the Academy is concerned that the regulations, and their restrictions in the name of reducing diversion of controlled substances, go well beyond the special registration requirements found in the Ryan Haight Act, and will potentially lead to barriers to care in the form of burdensome, unnecessary, and in many cases, impossible in-person evaluations.

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[1] American Academy of Physician Associates. 2024 AAPA Salary Report. 2024.
[2] Medicare Payment Advisory Commission. Report to the Congress. Medicare and the Health Care Delivery System. June 2019. https://www.medpac.gov/wpcontent/uploads/import_data/scrape_files/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf
[3] American Academy of Physician Associates, Chart: PA Controlled Substance Prescribing Authority, Last updated July 2024.
[4] American Academy of Physician Associates, Issue Brief: PA Prescribing, Updated March 2025.

Further, the Academy is greatly concerned that the language defining the Clinician Practitioner Eligibility for Advanced Telemedicine Prescribing Registration has the potential, as written, to fully or nearly entirely exclude all PAs. Specifically, the proposed rule would require PAs to be board certified in certain specialties (psychiatry, hospice, palliative care, pediatrics, and/or neurology) in order to be eligible for an advanced telemedicine prescribing registration. The issue around the language is rooted in what appears to be a lack of understanding of how PAs are educated, certified, and practice. While PAs practice in all medical specialties, they are not specialty trained or board certified in those specialties.

PAs, while they practice in all specialties, do not attain board-certification in specific areas of practice, nor do they graduate in specific specialties or fields. The language as proposed, while intended to be inclusive of PAs , serves to preclude PAs.

This could be especially damaging for PAs in psychiatry and their patients in dire need of mental healthcare. More than 2% of all PAs practice in psychiatry, and of those PAs, 73% (as of 2022) utilized or were likely to utilize telemedicine. More than half of those spent at least 20 hour a week delivering care via telemedicine. Additionally, 30% of PAs in psychiatry are likely to provide care to patients in underserved areas.[5]

AAPA proposes to adjust the proposed language of CFR 1301.11 (c)(3) as follows (changes in bold):

(i) *The practitioner is a **psychiatrist or is a physician assistant/associate in psychiatry,** or is board certified in the treatment of psychiatric or psychological disorders;*

(ii) *The practitioner is a hospice care physician **or is a physician assistant/associate in hospice,** or is board certified in hospice care;*

(iii) *The practitioner is a palliative care physician **or physician assistant/associate in palliative care**, or is board certified in palliative care;*

(iv) *The practitioner renders treatment at one or more long term care facilities;*

(v) *The practitioner is a pediatrician **or is a physician assistant/associate in pediatrics,** or is board certified in pediatric care; and/or*

(vi) *The practitioner is a neurologist **or a physician assistant/associate in neurology,** or is board certified in the treatment of neurological disorders unrelated to the treatment and management of pain.*

As demonstrated in the previous section, PAs are incredibly safe and effective providers of care, including through telemedicine. AAPA urges the DEA to either combine the first two categories of registration into one singular category that covers clinician practitioners prescribing schedules II-V, with eligibility similar to the currently proposed CFR 1301.11 (c)(2) "Telemedicine Prescribing Registration (Schedules III-V)" or to expand the language of

[5] Bruza, M., et.al., Enhancing Access to Mental Health Services: The Growing Use of Telemedicine among Physician Assistants/Associates in Psychiatry, (2023), available at: https://www.nccpa.net/wp-content/uploads/2023/10/Enhancing-Access-to-Mental-Health-Services-The-Growing-Use-of-Telemedicine-Among-PAs-in-Psychiatry-1.pdf

proposed CFR 1301.11 (c)(3) "Advanced Telemedicine Prescribing Registration (Schedules II-V)," to be fully inclusive of all appropriate PAs.

For the reasons listed above, especially the potential to unintentionally preclude a large number of PAs from providing much-needed care via telemedicine, AAPA urgers the DEA to either combine the first two categories of registration into one singular category that covers clinician practitioners prescribing schedules II-V, with eligibility similar to the currently proposed CFR 1301.11 (c)(2) "Telemedicine Prescribing Registration (Schedules III-V)" or to expand the language of proposed CFR 1301.11 (c)(3) "Advanced Telemedicine Prescribing Registration (Schedules II-V)," to be fully inclusive of all appropriate PAs.

Use of the Term Mid-Level Provider and Request for Update to DEA/DOJ Use of the PA Profession Title

AAPA requests that all references to PAs in regulations and policies be listed as "Physician Assistants/Physician Associates", as recognized in 20 CFR § 220.46 (a)(9).[6] This accurately reflects PAs who currently graduate with degrees as either "physician assistant" or "physician associate" and are state-licensed as a "physician assistant" or "physician associate," but who all graduate from programs accredited by the same accrediting organization (Accreditation Review Commission on Education for the Physician Assistant), are certified by the same certifying organization (National Commission on Certification of Physician Assistants), and have the same scopes of practice. Although the profession has been known as "Physician Assistant," the official title of the profession is now recognized as "Physician Associate" to more accurately reflect the breadth of education, training, experience, and services of PAs. This is reflected in the title of the AAPA, other professional organizations,[7] professional training programs,[8] and state and territory laws and licensure.[9] Despite the recognized title of "Physician Associate," it is anticipated to take some time for the title change from "Physician Assistant" to occur in all states and jurisdictions in which PAs practice. Therefore, a dual reference to "Physician Assistant" and "Physician Associate" is recommended to avoid confusion. Further, AAPA encourages the DEA to avoid the use of the term "mid-level provider" when referring to PAs. The term is confusing, at best, as this is not found in statute or other regulations.

AAPA urges DEA/DOJ to properly refer to the PA profession as "physician assistants/physician associates" in all official documents.

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[6] Code of Federal Regulations: Medical evidence. 20 CFR § 220.46 . 2025. https://public-inspection.federalregister.gov/2025-00515.pdf

[7] Several Constituent Organizations, which are independent organizations affiliated with AAPA, have reflected the title Physician Associate in their professional organization's legal name. Examples: Connecticut Academy of Physician Associates https://connapa.org/aboutconnapa, Kansas Academy of Physician Associates https://kansaspa.mypanetwork.com, Academy of Physician Associates in Cardiology https://www.cardiologypa.org, and Association of Physician Associates in Obstetrics and Gynecology https://apaog.wildapricot.org.

[8] Several universities, which are accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), have Physician Associate Programs and graduate students in Physician Associate Studies. Examples: Yale School of Medicine, Physician Associate Program, https://medicine.yale.edu/pa, Wichita State University, Physician Associate Program https://www.wichita.edu/academics/health_professions/pa/, Alvernia University, Physician Associate Program https://www.alvernia.edu/academics/ug/bio-pa.

[9] Oregon Governor Tina Kotek Signs Law Changing PA Title (April 5, 2024) https://www.aapa.org/news-central/2024/04/oregon-governor-tina-kotek-signs-law-changing-pa-title/. See also, Or. Rev. Stat. § 677. See also, Wis. Stat. § 448.974(1)(a)(2)-(6). See also, 185 N. MAR. I. ADMIN. CODE § 185-10-4101(p).

Thank you for the opportunity to provide comments regarding special registrations for telemedicine – both generally and specifically as it pertains to PAs. AAPA welcomes further discussion with the DEA regarding this vitally important issue, especially as we near the expiration of the current flexibilities and the full implementation of the final version of this regulation. For any questions you may have please do not hesitate to contact Sondra DePalma, AAPA Vice President of Reimbursement & Professional Practice, at sdepalma@aapa.org.

Sincerely,

Chantell Taylor
Chief of Public Affairs and Advocacy