



February 28, 2025

Derek S. Maltz, Acting Administrator
Drug Enforcement Administration, Department of Justice
600 Army Navy Drive
Arlington, VA 22202

Submitted electronically via regulations.gov

RE: Docket No. DEA948

Dear Acting Administrator Maltz:

On behalf of the American Academy of Family Physicians (AAFP), representing 130,000 family physicians and medical students across the country, I write in response to the delayed effective date and request for comments on the final rule titled “Expansion of Buprenorphine Treatment via Telemedicine Encounter,” [published](#) in the Federal Register on February 19, 2025.

Family physicians provide high-quality, person-centered, continuous primary care for patients across the lifespan. Their broad scope of practice is both unique and valuable, as they can modify their personal focus and scope of practice to meet the needs of their communities. Family physicians practice in a wide variety of settings, from primary care practices, to hospitals, skilled nursing facilities, emergency departments, urgent care centers, and hospice facilities. They prescribe a wide variety of controlled substances to patients for the treatment of a broad range of conditions.

Family physicians have also experienced first-hand the profound impact of the opioid and overdose epidemics on their patients and communities. As such, the AAFP is [committed](#) to addressing the needs of a population struggling with opioid dependence and [advocates](#) for the removal of barriers to medications for opioid use disorder (MOUD).

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February 28, 2025
Page 2 of 5

This final rule delays the effective dates published in the previously final rule published in the January 17, 2025 issue of the Federal Register. The new effective date for these regulations would March 21, 2025, as required by the January 20, 2025 Presidential Memorandum, “Regulatory Freeze Pending Review.” The DEA seeks comment on the extended effective date, whether the effective date should be further extended, and other considerations raised by these rules.

In March 2023, the AAFP provided [recommendations](#) to the DEA in response to the now finalized rule which permanently enables telehealth prescribing of buprenorphine for the treatment of opioid use disorder (OUD). We appreciate DEA’s codifying flexibilities that allow telehealth prescribing of controlled substances and buprenorphine for the treatment of OUD. **The AAFP continues to support provisions of the final rule and encourages the DEA to:**

- **Adhere to the new effective date (March 21, 2025) without further delays;**
- **Continue to include audio-only encounters in the definition of telehealth so that audio-only encounters meet the medical examination requirements to prescribe OUD via telemedicine;**
- **Rescind requirements that limit prescriptions to a seven-day supply if the prescriber cannot access Prescription Drug Monitoring Program (PDMP) data.**

Extension of Effective Date

The AAFP requests that DEA adhere to the revised effective date of March 21, 2025 without further extension or delay. The delayed effective date does not currently impact clinicians prescribing buprenorphine via telemedicine, as the Drug Enforcement Agency (DEA) [previously extended](#) these flexibilities through December 2025. However, we see no reason to continue to delay implementation of these rules. Continual delays will lead to confusion amongst physicians and patients alike, and risk access to treatment and services that are completely legal and authorized by the agency until the end of the year.

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February 28, 2025
Page 3 of 5

Inclusion of Audio-only Encounters

In the final rule, DEA aligned and harmonized their definitions for telehealth and interactive telecommunications system with CMS regulation. The AAFP appreciates and supports efforts to align and harmonize these federal regulations, as it eases the compliance burden for physicians. **We strongly supported DEA finalizing proposals to allow the use of audio-only encounters to prescribe buprenorphine for MOUD.**

The AAFP [firmly believes](#) that audio-only technology should be permitted for services beyond mental health services when a patient is unable or unwilling to have an audio/video telehealth visit. The lack of modern broadband infrastructure has proven to be a primary barrier to equitable telehealth and digital health access for rural Americans, who are 10 times more likely to lack broadband access than their urban counterparts, leading to fewer audio/video visits.^{i,ii,iii} Allowing audio-only services is essential to facilitating equitable access to care, and after the PHE-related telehealth flexibilities expire. **To facilitate equitable access to evidence-based treatments, the AAFP urges DEA to maintain the expanded definition of interactive telecommunications system to include audio-only services, as finalized in the January 17, 2025 final rule.**

Documentation and Licensing Requirements

DEA requires practitioners to review and consider PDMP data from the state the patient is located in (or the comparable Veteran's Health Administration portal) prior to prescribing controlled substances via a telehealth encounter. When PDMP data is unavailable, practitioners may not prescribe more than a seven-day supply until they are able to access it. The practitioner must also record their attempts to access PDMP data, including the date, time, and reasons for being unable to gain access.

The AAFP encourages physicians to attempt to access their state PDMP before prescribing any potentially misused pharmaceutical product, and we agree these requirements should apply to telehealth prescribing of controlled substances. However, the success of such efforts depends on state reporting systems that are accessible, timely, interoperable, and comprehensive. State investments in their PDMP systems vary widely and directly impact the effectiveness and accessibility of PDMPs. To ensure this provision fulfills the intended

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February 28, 2025
Page 4 of 5

goal of helping clinicians identify potential diversion risks, co-prescribing concerns, and inappropriate prescribing by other clinicians, the AAFP strongly encourages the DEA to work with states to improve the functionality, utility, and interoperability of PDMPs, and develop best practices for their use and implementation.

The AAFP did not support the requirement to limit prescriptions to a seven-day supply if the prescriber is unable to access the PDMP, and we ask DEA to rescind this limitation. Most states already require clinicians to access the PDMP prior to issuing a prescription for a controlled substance, but those states do not restrict access to care for the patient as a result of this requirement. PDMP systems experience outages and interoperability challenges, but these outages should not disrupt patients' access to medications as long as the prescriber is documenting attempts to access PDMP data. In particular, some schedule III-V medications carry patient safety risks if a course of treatment is improperly or abruptly stopped. Limiting prescriptions to a seven-day supply could create barriers to obtaining prescription refills and result in needless discomfort, frustration, and even harm. **We urge DEA to rescind this policy.**

We appreciate the opportunity to provide comments on this rule. The AAFP is eager to collaborate with DEA and other agencies to make policies to improve access to these treatments. Should you have any questions, please contact Julie Riley, Regulatory and Policy Strategist, at jriley@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Steve Furr, M.D., FAAFP".

Steven Furr, MD, FAAFP
American Academy of Physicians, Board Chair

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February 28, 2025
Page 5 of 5

ⁱ Kelly A Hirko, Jean M Kerver, Sabrina Ford, Chelsea Szafranski, John Beckett, Chris Kitchen, Andrea L Wendling, Telehealth in response to the COVID-19 pandemic: Implications for rural health disparities, Journal of the American Medical Informatics Association, Volume 27, Issue 11, November 2020, Pages 1816– 1818, <https://doi.org/10.1093/jamia/ocaa156>

ⁱⁱ Congressional Research Service. Broadband Loan and Grant Programs in the USDA's Rural Utilities Service. March 22, 2019. Available at: <https://sgp.fas.org/crs/misc/RL33816.pdf> 8 "Ensuring The Growth Of Telehealth During COVID-19 Does Not Exacerbate Disparities In Care", Health Affairs Blog, May 8, 2020.

ⁱⁱⁱ "Ensuring The Growth Of Telehealth During COVID-19 Does Not Exacerbate Disparities In Care", Health Affairs Blog, May 8, 2020.

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