

June 11, 2024

The Honorable Ann Milgram
Administrator
U.S. Drug Enforcement Administration
8701 Morrissette Drive
Springfield, VA 22152

Dear Administrator Milgram,

As mental health stakeholders representing patients, providers, and advocates across the country, we are writing to urge you to include Schedule IIN (non-narcotic) medications in the Drug Enforcement Administration's (DEA) upcoming proposed rule, "*Telemedicine Prescribing of Controlled Substances when the Practitioner and the Patient Have not had a Prior In-Person Medical Evaluation.*" Telehealth has emerged as a crucial tool in providing mental health services, particularly in medically underserved areas. At its pandemic peak, telehealth [represented](#) 40% of mental health and substance use outpatient visits and still remains strong, representing 36% of outpatient visits currently.

The previously proposed regulatory framework related to prescribing controlled substances without an in-person visit and via telemedicine omitted Schedule IIN medications. Mental health [medications](#), including stimulants, play a critical role in the comprehensive treatment of mental health conditions, as widely recognized by [government](#) health experts and major medical societies. We understand that the DEA is a law enforcement and regulatory agency whose objective is to prevent diversion. A health care provider's objective is to provide vital behavioral health services to those in need. The balance of these two objectives can be achieved by allowing access to mental health services where Schedule IIN medications are prescribed while having the necessary regulatory "guardrails" to prevent diversion. Not allowing access to Schedule IIN via telehealth is not a guardrail, it is a blanket prohibition that will significantly impede access to mental health services and ultimately, hurt patients.

Schedule IIN medications play a vital role in improving the quality of life for patients living with certain diagnosed mental health conditions. By allowing behavioral health providers to prescribe these medications via telehealth, we can maintain the access individuals and providers have become accustomed to over the past four years. These patients may otherwise face challenges in obtaining and/or maintaining access to medically necessary treatments. As of December 2023, according to the [National Center for Health Workforce Analysis](#), more than half (169 million) of the U.S. population lives in a Mental Health Professional Shortage Area (Mental Health HPSA). Nearly [60% of all counties](#) in America lack even a single psychiatrist, that number grows to [70%](#) for child and adolescent psychiatrists.

We urge the DEA to carefully consider the consequences of not including Schedule IIN medications in the upcoming proposed rule as it will undoubtedly impede access to timely and appropriate behavioral health care.

Thank you for your attention to this matter.

Sincerely,

American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Association of Psychiatric Pharmacists
American Foundation for Suicide Prevention
American Psychiatric Association
American Psychological Association Services
Association for Behavioral Health and Wellness
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Inseparable
International Society for Psychiatric-Mental Health Nurses
Mental Health America
National Association for Behavioral Healthcare
National Association of Pediatric Nurse Practitioners
National Council for Mental Wellbeing
National League for Nursing
REDC Consortium
The Kennedy Forum