**E-mail Subject Heading**: DEA Proposes Rules to Extend Telehealth Flexibilities Beyond Covid-19 PHE

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The Drug Enforcement Administration (DEA) has proposed [rules](https://www.dea.gov/sites/default/files/2023-02/Telemedicine%20%28DEA407%29.pdf) to extend telehealth flexibilities beyond the COVID-19 public health emergency (PHE) that would provide safeguards for a certain subset of telemedicine consultations.

The rules—which DEA developed with the U.S. Health and Human Services Department (HHS) and in close coordination with the U.S. Veterans Department—apply to telemedicine consultations by a medical practitioner who has never conducted an in-person evaluation of a patient and that result in prescribing a controlled medication.

For these types of consultations, DEA’s proposed rules would allow medical practitioners to prescribe a 30-day supply of Schedule III-V non-narcotic controlled medications, as well as a 30-day supply of buprenorphine to treat opioid use disorder without an in-person evaluation or referral from a medical practitioner who has conducted an in-person evaluation, as long as the prescription is otherwise consistent with any applicable federal and state laws.

According to the DEA, the proposed regulations would not affect telemedicine consultations that do not involve prescribing controlled medications; telemedicine consultations by a medical practitioner who has previously conducted an in-person medical examination of a patient; and telemedicine consultations and prescriptions by a medical practitioner to whom a patient has been referred, as long as the referring medical practitioner has previously conducted an in-person medical examination of the patient.

“Improved access to mental health and substance use disorder services through expanded telemedicine flexibilities will save lives,” HHS Secretary Xavier Becerra said in DEA’s [announcement](https://www.dea.gov/press-releases/2023/02/24/dea-announces-proposed-rules-permanent-telemedicine-flexibilities). “We still have millions of Americans, particularly those living in rural communities, who face difficulties accessing a doctor or healthcare provider in person,” he continued. “At HHS, we are committed to working with our federal partners and stakeholders to advance proven technologies and lifesaving care for the benefit of all Americans.”