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March 18, 2025

The Honorable Derek S. Maltz
U.S. Drug Enforcement Administration
800 K Street NW Suite 500
Washington, D.C. 20001

Re: Special Registrations for Telemedicine and Limited State Telemedicine Registrations

Administrator Maltz:

The Children's Hospital Association (CHA) appreciates the opportunity to comment on the Drug Enforcement Administration (DEA)'s proposed rule, *Special Registrations for Telemedicine and Limited State Telemedicine Registrations*. We appreciate the DEA's effort to balance expanded patient access with necessary safeguards against the diversion of controlled substances, as well as the continued opportunity for public input. While we are generally supportive of the proposed rule, we are concerned that some of the restrictions on prescribing controlled substances through telehealth could curtail access to care for children with behavioral health needs and/or complex medical conditions and disproportionately impact access for children living in rural or underserved areas. We urge you to work with the pediatric health care community to revise the proposed rule to ensure ongoing access to virtual prescribing for pediatric patients and providers of certain controlled substances.

In particular, we recommend the following changes to the rule to reflect children's unique needs, especially those with mental health challenges and/or complex medical conditions.

- We ask the DEA to increase the maximum percentage of Schedule II controlled substances prescribed via telehealth or forgo a maximum threshold altogether. The proposed requirement that the average number of Schedule II prescriptions via telemedicine is less than 50% of the total number of these prescriptions within a month could disrupt children's access to necessary medications for mental health care.
- We urge the DEA to allow providers to prescribe Schedule II controlled substances even if the provider and patient are located in different states. The proposed requirement that the clinician and patient must be in the same state in order for the clinician to prescribe a Schedule II controlled substance could impede access to available health care as many children's hospitals utilize out-of-state providers to address workforce shortages.
- We urge the DEA to allow special registrations for practices rather than providers. The proposed requirement that special registrations are issued to one health care provider rather than a practice could lead to delayed access to care for children when a provider is on leave or otherwise unavailable when the child needs care.
- We ask the DEA to allow the current Prescription Drug Monitoring Program (PDMP) reporting requirements to stay in place. The proposed requirement that a special registrant would be required to review a patient's controlled substance prescription history in every state through the Prescription Drug Monitoring Program (PDMP) could place administration burdens on the provider that could lead to delays in children's access to care.

The more than 200 children's hospitals across the country are dedicated to the health and well-being of our nation's children and advance child health through innovations in the quality, cost, and delivery of pediatric care. We serve as a vital safety net for uninsured, underinsured, and publicly insured children and are regional centers for children's health, providing highly specialized pediatric care across large geographic areas. Although they account for less than 5% of hospitals in the United States, children's hospitals care for one-half of children admitted to hospitals and serve many children with serious illnesses and complex and/or chronic conditions.

The regionalization of pediatric specialty care means that it is not uncommon for children to live long distances from a children's hospital. As a result, telehealth is a vital tool to maintain access to quality and timely health care. In particular, the current telehealth flexibilities have facilitated access to care and improved continuity of ongoing care, especially for children with chronic or complex conditions and those in families with transportation challenges. Furthermore, the telehealth flexibilities have been particularly beneficial to the practice of mental health care for children and youth, which lends itself well to virtual appointments.

We urge the DEA to work with children's hospitals and patient families to refine the rule to better address the unique implications for children, particularly children who face mental health challenges and/or serious, complex, or chronic medical conditions. Our detailed comments are below.

Proposed Additional Requirements: Schedule II Controlled Substances

- **Managing the Percentage of Schedule II Controlled Substances Prescribed Via Telehealth**

  We ask the DEA to consider increasing the maximum percentage threshold for prescribing Schedule II-controlled substances for children with behavioral health needs or forgo the threshold altogether. Imposing a low maximum percentage threshold on the number of Schedule II-controlled substances that can be prescribed via telehealth could potentially limit children's access to needed medications.

  There are currently seven million children in the United States who have been diagnosed with attention-deficit/hyperactivity disorder.[1] Pediatric providers often utilize telehealth to prescribe these patients Schedule II-controlled substances like Adderall and have found that telemental health services are complementary and synergistic to in-person care and enhance care delivery. For example, the use of telehealth in their patient care allows them to do more frequent mental health care check-ins and can provide insights into their patient's home that they would not have otherwise seen. Importantly, telehealth prescribing has been a critical tool in preventing disruptions in care given ongoing severe shortages of mental health providers. Placing arbitrary restrictions on this practice could lead to significant care interruptions.

- **Location Requirements for Schedule II Controlled Substances Prescriptions**

  We urge the DEA to allow the prescription of Schedule II substances even if the patient and provider are located in different states. Telehealth enables children to access needed behavioral health services without having to travel far distances when there is not an appropriate available behavioral health provider within the child's community.

  There are too few pediatric mental health providers with the pediatric training and expertise to ensure kids have access to the full continuum of care, from prevention and early intervention to inpatient services and outpatient community-based services and supports. Nationally, there are only 15 clinical child and adolescent psychiatrists per 100,000 children 18 years of age and younger, far fewer than needed to meet the existing, and increasing, demand.[2] As a result of these ongoing shortages, it is not uncommon for children's hospitals to utilize pediatric psychiatrists and other mental health providers who are located outside of the state via telehealth. The proposed additional requirement that providers and patients must be in the same state may leave some patients without access to a regular provider and Schedule II substances to address their behavioral health needs.

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[1] "Data and Statistics on ADHD," Centers for Disease Control and Prevention, 2024.

[2] "Workforce Maps by State: Practicing Child and Adolescent Psychiatrists," American Academy of Child & Adolescent Psychiatry, 2022.

Special Registration for a Practice Rather than Providers

We urge the DEA to allow special registrations for a whole provider practice instead of a specific provider. Registration of the entire practice would prevent unnecessary delays in care for children who need timely access to a Schedule II-V controlled substance to treat their behavioral health or serious, complex, or chronic medical condition when their provider is not available. Under the proposed rule, pediatric patients who need a refill or an adjustment in a Schedule II-V controlled substance while their provider is out on leave or otherwise unavailable, would not be able to get their problem addressed by a different provider at the same practice unless that provider saw the patient in-person first. This may cause delays in care, as there can be long waiting times for appointments given ongoing provider shortages.

It is common for pediatric subspecialty care to be concentrated in large referral center group practices. Practitioners in the same group practice have access to patients' complete medical records in the electronic medical record system and can safely determine whether to prescribe controlled substances or to conduct a telehealth/in-person visit for further evaluation. Allowing special registration for an entire practice to prescribe controlled substances via telehealth would improve access for patients who are treated via team-based care.

Prescription Drug Monitoring Program (PDMP) Requirement

We ask the DEA to allow current PDMP reporting requirements to stay in place instead of establishing a new nationwide PDMP check requirement. The requirement to check a patient's controlled substance prescription history in all 50 states, D.C., and the U.S. territories that maintain a PDMP will be time-consuming for providers and could increase the wait time for children to access these medications, ultimately negatively impacting children's health. Pediatric providers already utilize PDMP systems in their state for prescribing in-person and via telehealth. Furthermore, there is currently no system in place that connects all 50 states for a nationwide PDMP check. A new PDMP system that connects all states would need to be developed for this requirement to be effectively implemented, which would be costly and time-consuming.

We also urge the DEA to change the record-keeping requirements to an electronic system to allow for accessible documents while using modern recording-keeping systems. The proposed requirement that PDMP records be kept at a physical address does not reflect common physician practice of using electronic systems for record-keeping.

In conclusion, telehealth has been a crucial tool to connect children to vital medications, especially for those living in rural or underserved areas. We urge the DEA to work with children's hospitals, pediatric health care professionals, and patient families to ensure that children, especially those with behavioral health or complex, chronic, or serious medical conditions, have continued access to these services in a timely manner. We thank you for the opportunity to provide comments and look forward to continuing to work with you to ensure this policy works for children. Please contact Gabby Ahearn at gabby.ahearn@childrenshospitals.org should you need more information.

Sincerely,

Aimee Ossman
Vice President, Policy
Children's Hospital Association