

# DEA Should Address Geographic “Red Flag” in Telemedicine Prescribing of Controlled Substances Rulemaking

Telehealth is an increasingly utilized and appreciated modality of care that has the benefit of being able to reach patients who may not otherwise have access to care. However, uncertainty around the rules of the road for telehealth prescribing of controlled substances and an effort by the pharmacy community not to repeat mistakes of the past from the opioid epidemic have led to patients having difficulty filling their prescriptions for controlled substances medications.

While there are a number of factors contributing to the problem and a number of actions that can be taken to mitigate it, we have specifically identified an action that the Drug Enforcement Administration (DEA) should take to have an immediate and effective impact.

The DEA should provide explicit guidance to the pharmacy community that geography of a prescriber in relation to the patient or the pharmacy should **not** be a “red flag” when a prescription is a result of a telehealth visit.

The ability of telehealth to expand access to care relies on providers being able to virtually reach geographies they otherwise could not in person. The distance of a telehealth prescriber from the patient alone should not give a pharmacist a signal that the prescription may be illegitimate.

In conversations with the pharmacy community and in our experience as prescribers, we have determined many pharmacies and pharmacists are currently considering geography as a “red flag.” While red flags are not defined in statute or regulations or other official guidance, in the wake of the overprescribing and overdispensing contributing to the opioid epidemic, pharmacists have been directed to do so as a part of their corresponding responsibility, or due diligence to ensure that prescriptions are legitimate. Pharmacists need clearer green lights from the DEA to appropriately dispense critical medications to patients, not continued “red flags.”

Right now there is a unique opportunity for DEA to address this through the [anticipated proposed rulemaking](#) on the remote prescribing of controlled substances.

DEA has indicated a shared commitment to maintaining access to care, especially for the most vulnerable, marginalized patient populations in need of controlled substance medications, throughout this rulemaking process. To fulfill this pledge, DEA must use this opportunity to make clear what their expectations are for pharmacists in filling telehealth prescriptions of controlled substances. However, if DEA simply adds recordkeeping,

reporting, or data requirements to the overwhelming workload pharmacies and pharmacists already face, access issues will only be exacerbated. We urge the DEA to be mindful that any rule they put forward must be operationalized by providers, e-prescribing platforms, and pharmacies alike. Telehealth providers and pharmacists need more clarity – not complexity – from DEA.

It would be inconsistent for DEA to promulgate this rule, aimed at expanding access via telehealth, without explicitly removing the geographic “red flag” barrier.

We appreciate DEA's attention to this important aspect of the telehealth ecosystem and are happy to provide additional feedback on what our organizations are experiencing or how we can partner to ensure patient access to clinically appropriate care.

Signed,

The American Telemedicine Association

ATA Action

Bicycle Health

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Supporter list as of 2/12/2024