

## **DEA'S PROPOSED TELEMEDICINE REGULATIONS | HIGHLIGHTS FOR MEDICAL PRACTITIONERS**

DEA's proposed telemedicine rules provide safeguards for a narrow subset of telemedicine consultations. These safeguards apply to a telemedicine consultation:

- by a medical practitioner that has never conducted an in-person evaluation of a patient; AND
- that results in the prescribing of a controlled medication.

The proposed rules **do not affect either of the following:**

- Telemedicine consultations that do not involve the prescribing of controlled medications.
- Telemedicine consultations by a medical practitioner that has previously conducted at least one in-person medical examination of a patient.

The proposed rules also will not affect a patient's ability to receive controlled medications as a result of telemedicine consultations by a medical practitioner to whom a patient has been referred by a medical practitioner that has previously conducted an in-person medical examination of the patient.

Below is information on how the proposed rules may affect you and your patients.

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### **I. *Telemedicine consultations that do not involve the prescribing of controlled medications***

- The proposed rules only apply to telemedicine consultations that result in the prescribing of controlled medications.

### **II. *Telemedicine consultations with a patient you have previously evaluated in person***

- The proposed rules maintain current telehealth flexibilities in place during the COVID-19 public health emergency.
- If you have evaluated a patient in person at least once, you may prescribe that patient any scheduled controlled medication via telemedicine, so long as the prescription is otherwise authorized by applicable Federal and State law.

**III. *Telemedicine consultations of a patient that you have not evaluated in person, but who was referred to you by a medical practitioner that previously conducted an in-person evaluation of the patient***

- The proposed rules maintain current telehealth flexibilities in place during the COVID-19 public health emergency.
- If a medical practitioner has conducted at least one in-person evaluation of a patient and subsequently refers the patient to you in the manner described in the rule, you may prescribe that patient any scheduled controlled medication via telemedicine, so long as the prescription is otherwise authorized by applicable Federal and State law.
- Prescriptions written by medical practitioners via telemedicine based on a referral will require additional recordkeeping obligations [[Telemedicine \(DEA407\).pdf](#)].

**IV. *First-time telemedicine consultations that result in a prescription for a Schedule III-V non-narcotic controlled medication***

*Telemedicine consultations of a patient*

*that you have not previously evaluated in person; and*

*who was not referred to you by a medical practitioner that evaluated the patient in person; and*

*that result in a prescription for a Schedule III-V non-narcotic controlled medication*

- Under the proposed rules, you may prescribe up to a 30-day supply of a schedule III-V non-narcotic controlled medication.
- To issue more than a 30-day supply, you must first conduct an in-person medical evaluation of the patient.
  - This can include the patient's in-person visit with another practitioner while on an interactive video link with you as prescribing practitioner.
- Prescriptions written by medical practitioners via telemedicine based on a referral will require additional recordkeeping obligations [[Telemedicine \(DEA407\).pdf](#)].

**V. *First-time telemedicine consultations that result in a prescription for buprenorphine as medication for opioid use disorder***

*Telemedicine consultations of a patient*

*that you have not previously evaluated in person; and*

*who was not referred to you by a medical practitioner that evaluated the patient in person; and*

*that result in a prescription for buprenorphine as medication for opioid use disorder*

- Under the proposed rules, you may prescribe up to a 30-day supply of buprenorphine as medication for opioid use disorder.
- To issue more than a 30-day supply, you must conduct an in-person medical evaluation of the patient.
  - This can include the patient's in-person visit with another practitioner while on an interactive video link with you as prescribing practitioner.
- Prescriptions for buprenorphine written by medical practitioners via telemedicine based on a referral will require additional recordkeeping obligations [[Telemedicine \(DEA407\).pdf](#)].

**VI. *Medical practitioner-patient relationships formed over telemedicine during the COVID-19 PHE***

*Telemedicine consultations of a patient*

*with whom you have an existing telemedicine relationship formed during the COVID-19 public health emergency; and*

*whom you have not evaluated in person*

- The proposed rules maintain current telehealth flexibilities in place during the COVID-19 public health emergency for an additional 180 days from the end of the emergency.
- Prescriptions written by medical practitioners via telemedicine during this 180-day period will require additional recordkeeping obligations [[Telemedicine \(DEA407\).pdf](#)].
- To continue prescribing a controlled medication to this patient beyond 180 days from the end of the public health emergency, you must conduct an in-person medical evaluation of the patient.

**VII. *Telemedicine consultations of a patient***

*that you have not previously evaluated in person; and*

*with whom you did not first form a telemedicine relationship during the COVID-19 public health emergency; and*

*who was not referred to you by a medical practitioner that evaluated the patient in person*

*cannot result in a prescription for a Schedule II or narcotic controlled medication (except for buprenorphine as medication for opioid use disorder)*

- Under the proposed rules, you may not prescribe a Schedule II or narcotic controlled medication in this circumstance.