

# American Association of Child & Adolescent Psychiatry

September 10, 2024

The Honorable Mike Johnson  
Speaker of the House  
United States House of Representatives  
Washington, DC 20515

The Honorable Hakeem Jeffries  
House Minority Leader  
United States House of Representatives  
Washington, DC 20515

RE: Extending telehealth flexibilities allowing for prescribing of controlled substances for two additional years to maintain access to mental health care.

Dear Speaker Johnson and Leader Jeffries,

As the professional home to over 11,000 medical students, residents, child and adolescent psychiatry fellows, and child and adolescent psychiatrists, the American Association of Child and Adolescent Psychiatry (AACAP) writes today with great concern about the possibility of limited access to children's mental health care beginning January 1, 2025.

AACAP is grateful that Congress continues to make investments and policy changes in support of strengthening our nation's children's mental health system and that Congress has operated under the principle that telehealth, including audio-only, and two-way video, should be treated as a comparable delivery modality as in-person care, while allowing for clinical judgment on the optimal modality for patients. Patients and physicians alike are supportive of continued telehealth access. However, should the Drug Enforcement Administration (DEA) eliminate access to prescribing Schedule II medication via telehealth, as well as limit the number of patients seen via telehealth each month, any effort to expand access to mental health care would be severely curtailed while simultaneously cutting off an unknown number of existing patients to medication refills and follow-up appointments overnight.

We have less than four months before the DEA flexibility expires that currently allows physicians to prescribe a controlled substance via telehealth without an initial in-person visit. Any measure to completely roll back this flexibility, or for the DEA to release a rule (or proposed rule) with comments, that then must be read, and considered before implementation would take more than four months to implement. Meanwhile, it would be impossible to transition patient care without immediate harm to patients and psychiatry practices alike. **As such, AACAP is calling on Congress and the Administration to extend current DEA flexibilities that allows for prescribing of controlled substances without an initial in-person visit for two years beginning January 1, 2025.**

Too many patients and families go years without needed mental health care, regardless of their geographic location, and telehealth has enabled underserved rural, suburban, and urban patients to gain access to more psychiatric care both during and post-COVID-19 pandemic. Multiple studies have shown that psychiatry relies on telehealth at a greater rate than any other physician specialty. According to a

2022 survey by the American Medical Association,<sup>1</sup> 83.1 percent of psychiatrists provided a video visit in the week prior to the survey, compared to 66.8 percent of primary care physicians, 64.3 percent of medical specialists, and 45.3 percent of surgeons. More than half of psychiatrists (54.1 percent) provided more than 20 percent of their visits through videoconferencing and over one-quarter (27.2 percent) provided more than 60 percent of their visits via telehealth. While many child and adolescent psychiatrists operate in a hybrid model, seeing patients virtually and in-person, a smaller number may operate fully virtually.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2023 National Survey on Drug Use and Health, released July 2024,<sup>2</sup> 31.9 percent of adolescents aged 12-17 (or 8.3 million people) received mental health care in 2023. **An estimated 14.3 percent of adolescents (or 3.7 million people) received mental health care via telehealth.** The same report showed that 17 percent of young adults aged 18 to 25 (or 5.8 million people) and 16.1 percent of adults aged 26 to 49 (or 16.7 million people) received mental health care through telehealth.

Child and adolescent psychiatrists work with young people in a variety of settings, including residential treatment facilities, partial hospitalization programs, therapeutic schools, foster care systems, juvenile detention centers, in school or community health centers, and elsewhere, and telepsychiatry is often the preferred modality to reach patients in many of these settings. Providers have seen positive patient outcomes and reduced barriers to care with telehealth, including reduced travel time and related costs, reduced missed work for parents or guardians, and reduced school absenteeism for patients. Telehealth also helps patients avoid stigma associated with accessing mental health care, while reducing disease exposure for patients and clinical staff.

While the benefits of telehealth for patients and physicians and other clinicians are well established, there is no reason why any regulatory burden should stand in the way of access to mental health care. Child and adolescent psychiatrists and their patients have faced an acute shortage of stimulant medication to treat attention-deficit/ hyperactivity disorder (ADHD) for several years, and the DEA must not add any additional hurdles to accessing this medication, which is often critical for young patients to succeed in school.

Further, the DEA has been granted by Congress authority under the *Ryan Haight Online Pharmacy Consumer Protection Act of 2008* to establish a special registration for telehealth, without taking any action to establish the Congressionally mandated registration. This could allow some physicians and other clinicians to prescribe controlled substances via telehealth in certain circumstances. The DEA should not end the current telehealth flexibilities without establishing a special registration in consultation with the Secretary of the U.S. Health and Human Services.

AACAP weighed in with the DEA on its 2023 proposed rule related to online prescribing via telehealth without an initial in-person visit and participated in the DEA's stakeholder listening session on the topic.<sup>3</sup>

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<sup>1</sup> Kane, Carol K., American Medical Association Policy Research Perspective, Telehealth in 2022. [2022-prp-telehealth.pdf \(ama-assn.org\)](#).

<sup>2</sup> 2023 National Survey on Drug Use and Health, SAMHSA, July 2024. Fig 56. [2023 NSDUH Annual National Report | CBHSQ Data \(samhsa.gov\)](#).

<sup>3</sup> Ng, Warren, March 28, 2023, AACAP letter to Administrator Milgram, Anne, Telemedicine prescribing of controlled substances When a Practitioner and Patient Have Not Had a Prior In-person Medical Examination. [2023 Telemedicine Prescribing DEA.pdf \(aacap.org\)](#).

It is our hope that Congress fully recognizes that limiting access to telepsychiatry, a modality that has become essential for child and adolescent psychiatrists to expand their reach, is counter to strengthening our nations' mental health system. It is possible to find a workable path forward balancing both telehealth access and diversion control.

It is imperative that the Congress and the Administration maintain access to telepsychiatry and controlled substances and extend the current DEA telehealth flexibilities for two years beginning January 1, 2025.

Sincerely,

A handwritten signature in black ink, appearing to read "T. D. Benton, MD". The signature is written in a cursive style and is positioned above the typed name.

Tami D. Benton, MD  
President  
The American Association of Child and Adolescent Psychiatry

CC: Chair Cathy McMorris Rodgers, Energy and Commerce Committee

Ranking Member Frank Pallone, Energy and Commerce Committee

Chairman Jim Jordan, House Judiciary Committee

Ranking Member Jerrold Nadler, House Judiciary Committee