

**THE  
NEW ENGLAND  
COUNCIL**

Scott A. Brinks  
Diversion Control Division  
Drug Enforcement Administration  
8701 Morrissette Drive  
Springfield, VA 22152

March 28, 2023

Dear Mr. Brinks:

I am writing regarding the agency's Proposed Rule: Telemedicine Prescribing of Controlled Substances When the Practitioner and the Patient Have Not Had a Prior In-Person Medical Evaluation (Docket No. DEA-407). The New England Council appreciates the DEA's effort to propose changes to address the upcoming end of the public health emergency and the desperate need for ongoing accessibility of mental health, substance use disorder, and other medical care via telemedicine. However, our members have raised concerns over timing as well as other components of the proposed rule, and we encourage the Administration to take these concerns into consideration.

The New England Council is a non-partisan alliance of businesses, academic and health institutions, and public and private organizations throughout New England. Our mission is to promote economic growth and a high quality of life in the region by identifying and supporting federal public policies and articulating the voice of its membership regionally and nationally on important issues facing New England. Among our more-than-600 members are businesses and organizations of all types and sizes throughout the six New England states, including health insurers and plan providers; community, rural and teaching hospitals; pharmaceutical and medical device manufacturers and suppliers; independent physician organizations; non-profit policy organizations; and trade groups and associations representing the healthcare industry.

It is with that background that we urge you to continue to engage with stakeholders in the region to ensure that patients and clinicians can plan treatment and care accordingly. Many of our members have flagged that 30 days is not enough time for someone to be seen in person after initiating care via telehealth. Wait times for an in-person visit, even for routine primary care or non-urgent medical conditions are often months as health systems and clinicians struggle to recover from the pandemic. Our members have indicated that it would be exceedingly difficult for a patient to schedule an appointment to see a psychiatrist, an addiction specialist, or even their primary care doctor in person within 30 days. Our members have strongly suggested that DEA reconsider the timeline provided, and even remove the need for an in-person visit.

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Additionally, our members are concerned about the vagueness of the recordkeeping requirements in the rule proposal. As you know, clinicians who are already working tirelessly to meet clinical need and patient volume, and we remain concerned that the new proposed requirements may place additionally burdens on providers.

The New England Council's ongoing work includes supporting policies and hosting dialogues to help ensure that New England continues to have access to top-tier care. While we recognize this rule proposal aims to reduce diversion of controlled substances, we hope you will work with providers and patients to ensure that individuals continue to receive the care they need. As many of our members have pointed out, psychiatric illness, substance use disorder, and other complex, treatable health conditions have only worsened since the onset of the pandemic, and that the need for ongoing access to care via telemedicine is more important than ever.

Thank you for this opportunity to comment, and if you have any questions please feel free to contact Sean Malone on my staff at [smalone@newenglandcouncil.com](mailto:smalone@newenglandcouncil.com).

Sincerely,

A handwritten signature in black ink that reads "James T. Brett". The signature is written in a cursive style with a large, sweeping initial "J".

James T. Brett  
President & CEO  
The New England Council

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