

# United States Senate

WASHINGTON, DC 20510-4606

December 2, 2025

The Honorable Terrance Cole  
Administrator  
Drug Enforcement Administration (DEA)  
600 Army Navy Drive  
Arlington, VA 22202

Dear Administrator Cole,

We write to urge the Drug Enforcement Administration (DEA) to act quickly and extend critical flexibilities for telemedicine prescribing of controlled substances that were first put in place during the COVID-19 Public Health Emergency. These policies ensure individuals can successfully access medical treatment via telehealth, and for many—including those with substance use disorder—these flexibilities have been life-saving. We recognize that the DEA has extended these flexibilities three times, with the last temporary extension expiring on December 31, 2025.<sup>1</sup> DEA must act soon so that patients and their providers have certainty that there will be no gap in their ongoing care.

Telemedicine has been instrumental in expanding access to health care, supporting those with the greatest need and bridging the divide between patients and providers, especially for individuals in rural and under-resourced areas. The flexibility afforded by telemedicine has been particularly important in providing access to essential medications, including those for mental health conditions, substance use disorders, and chronic illnesses.

With over 48 million people aged 12 or older experiencing a substance use disorder in 2024, and over 7 million of those individuals misusing opioids, the need for accessible and effective treatment options is undeniable.<sup>2</sup> Telemedicine flexibilities have increased access to medications, like buprenorphine, for vulnerable Americans with opioid use disorder, improved addiction treatment retention, and reduced overdoses.<sup>3</sup>

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<sup>1</sup> Drug Enforcement Administration & Department of Health and Human Services. (2024, November 19). *Third Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications* (89 Fed. Reg. 91253).

<https://www.federalregister.gov/documents/2024/11/19/2024-27018/third-temporary-extension-of-covid-19-telemedicine-flexibilities-for-prescription-of-controlled>

<sup>2</sup> Substance Abuse and Mental Health Services Administration. (2025). *Highlights for the 2024 National Survey on Drug Use and Health (NSDUH)*. <https://www.samhsa.gov/data/sites/default/files/NSDUH%202024%20Annual%20Release/2024-nsduh-nnr-highlights.pdf>

<sup>3</sup> Jones, C. M., Shoff, C., Hodges, K., et al. (2022). Receipt of telehealth services, receipt and retention of medications for opioid use disorder, and medically treated overdose among Medicare beneficiaries before and during the COVID-19 pandemic. *JAMA Psychiatry*, 79(10), 981-992. <https://doi.org/10.1001/jamapsychiatry.2022.2284>

According to the Centers for Disease Control and Prevention, there were an estimated 76,516 drug overdose deaths for the 12-month period ending in April 2025, representing a significant 24.5% decline in deaths compared to the previous year.<sup>4</sup> A disruption in access to life-saving medication and services will be detrimental to this progress in preventing overdose deaths and will unnecessarily place the health and safety of patients everywhere at risk.

Americans face barriers to accessing mental health and substance use disorder treatment services, particularly in rural and under-resourced communities. As of August 2024, more than one third of the U.S. population, or 122 million individuals, live in a Mental Health Professional Shortage Area, as determined by an insufficient psychiatrist-to-population ratio.<sup>5</sup> Rural areas face additional provider shortages, with many lacking access to psychologists, clinical social workers, and other types of providers. These challenges underscore the importance of maintaining flexibilities that increase access to treatment and services. Telemedicine flexibilities have ensured that patients receive timely and necessary care, at a time and location that is convenient for them.

We understand the DEA's responsibility to address the risks associated with prescription drug misuse and to ensure that controlled substances are prescribed and dispensed appropriately. However, it is vital that any new regulations do not erect barriers to necessary, life-saving care. It is essential to strike a balance between regulatory oversight and accessibility, ensuring that patients who benefit from telemedicine continue to receive the care they need without undue impediments. Indeed, Congress has repeatedly directed the DEA to strike this balance and allow telemedicine through a special registration, including originally in the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 as well as in law again in the SUPPORT for Patients and Communities Act in 2018. As we await final rulemaking by DEA on making these policies permanent, it is imperative that DEA extend the current flexibilities as soon as possible so our constituents can continue accessing the care they need.

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<sup>4</sup> Centers for Disease Control and Prevention. (2025, September 18). *Data Resources: Provisional fatal drug overdose data - Overdose Prevention*. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/index.html>

<sup>5</sup> Health Resources & Services Administration, Bureau of Health Workforce. (2024, November). *State of the Behavioral Health Workforce report 2024* (National Center for Health Workforce Analysis). <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf>

We appreciate your attention to this important matter and look forward to the timely extension of these critical telemedicine prescribing flexibilities.

Sincerely,



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Mark R. Warner  
United States Senator



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Sheldon Whitehouse  
United States Senator