



October 17, 2025

Terrance Cole, Administrator
Drug Enforcement Administration
U.S. Department of Justice
Attention: Docket No. DEA-407
8701 Morrisette Drive
Springfield, Virginia 22152

Subject: Special Registrations for Telemedicine and Limited State Telemedicine Registrations

Dear Administrator Cole:

Congratulations on your recent appointment as Administrator of the Drug Enforcement Administration (DEA). As you and your team work to protect public safety of Americans nationwide, the unified hospice provider community seeks to share our perspective on an issue of unique importance to the provision of high-quality, time-sensitive hospice care.

Each of our organizations—the American Academy of Hospice and Palliative Medicine, LeadingAge, the National Alliance for Care at Home, and the National Partnership for Healthcare and Hospice Innovation (NPHI)—represent hospice and palliative care providers, physicians, and other practitioners. Our members are providers of different sizes and types and individual physicians and practitioners working for these providers as well as in hospitals and communities, providing care for hospice and palliative care patients. —These providers include small rural agencies to large national companies—including government-based providers, nonprofit organizations, systems-based entities, and public corporations. They serve some of the nation's most vulnerable patients where timely access to appropriate medications is critical for the management of pain and other symptoms associated with life-limiting illness. We are writing to respectfully request a meeting with you and the appropriate members of your team to discuss the Special Registrations for Telemedicine and Limited State Telemedicine Registrations rule (90 FR 6541) proposed by the previous administration (proposed rule), as well as the third temporary extension of COVID-19 telemedicine prescribing flexibilities (89 FR 91253).

The telemedicine prescribing flexibilities established during the COVID-19 Public Health Emergency (PHE) and subsequently extended through December 31, 2025, have improved patient care delivery nationwide, especially for those in need of hospice and palliative care services. On behalf of our members and those they serve, **we urge you to:**

- **extend the current COVID era telemedicine prescribing flexibilities if they should lapse before finalization of the Special Registrations for Telemedicine and Limited**

State Telemedicine Registrations proposed rule or before the effective date of such finalized rule

- **carefully consider the comments received on the proposed rule as work on a final rule is completed, especially regarding exemptions for hospice and palliative care providers**
- **consider issuing an interim final rule with a comment period to ensure continuity of care while the final rule is completed as the recent government shutdown may delay the rulemaking process.**

Each of our organizations submitted comments to the proposed rule during the comment period.^{1,2,3,4} While we appreciate the DEA's efforts to consider the needs of hospice and palliative care practitioners in balancing patient access with preventing the diversion of controlled substances, we are deeply concerned that the proposed rule could significantly and irreparably impede timely and appropriate medication access for hospice and palliative care patients under its proposed special registration framework, particularly for terminally ill and seriously ill patients receiving hospice and palliative care services.

As stated in our previous comments, the proposed rule, while well intentioned could severely impede care for hospice patients. Care provided under the Medicare hospice benefit is heavily regulated by 42 C.F.R. Part 418, which establishes stringent requirements. More than half, or 56%, of hospice patients receive care in their homes.⁵ The typical hospice patient is fragile, homebound with many being bedbound. These individuals are not able to travel to an appointment with a physician. Additionally, between 56% and 60% have a lifetime length of stay between 1 and 30 days. This relatively short time on hospice care on top of the fragility of hospice patients and emergent needs for opioid interventions, makes it nearly impossible for a prescriber to see each patient directly or for the patient to leave home and travel to a prescriber's office for a scheduled appointment prior to necessary medications being prescribed.

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008⁶ (Ryan Haight Act) underpins the proposed rule. This law focuses on direct-to-consumer online prescribing that occurs via the internet outside of traditional medical settings, a significant and distinct contrast to the heavily regulated Medicare hospice benefit:-

Palliative care represents a specialized medical approach that delivers patient-centered care prioritizing symptom management, comfort, and quality of life for those with serious illnesses. In

¹ LeadingAge. DEA RP Telemedicine Prescribing of Controlled Substances Comment Letter FINAL 3.31.23. <https://www.regulations.gov/comment/DEA-2023-0029-31149>

² National Alliance for Care at Home. Alliance DEA Special Registration NPRM Comment FINAL. <https://www.regulations.gov/comment/DEA-2023-0029-41888>

³ National Partnership for Healthcare and Hospice Innovation. DEA Teleprescribing NPRM Comment Letter_3.18.25. <https://www.regulations.gov/comment/DEA-2023-0029-41930>

⁴ American Academy of Hospice and Palliative Medicine. AAHPM DEA Special Registration Signed. <https://www.regulations.gov/comment/DEA-2023-0029-41391>

⁵ Medicare Payment Advisory Commission. Report to the Congress: Medicare payment policy [Internet]. Washington (DC): MedPAC; 2023 Mar . Chapter 11, Hospice services; p. 296 Available from: https://www.medpac.gov/wp-content/uploads/2023/03/Ch10_Mar23_MedPAC_Report_To_Congress_SEC.pdf

⁶ Pub. L. No. 110-425

contrast to hospice care for terminally ill patients where benefit eligibility requires the patient to forego curative interventions, palliative care can be provided alongside curative treatments and emphasizes early integration into treatment plans, with regular assessment and adjustment based on changing patient needs.

Patients receiving palliative care often have complex pain requiring careful selection and dosing of controlled substances, including narcotics, for adequate symptom control. Timely access to these medications is critical to prevent suffering and unnecessary emergency visits, with regular assessment for both efficacy and side effects enabling appropriate adjustments. Teleprescribing in this context enables continuity of care for patients with mobility limitations or in remote areas, allowing for timely intervention and medication adjustments while maintaining established patient-provider relationships. This approach reduces the burden on seriously ill patients who may experience distress from travel and facilitates regular monitoring of medication efficacy, ultimately addressing barriers to medication access that can significantly impact quality of life and symptom control.

We understand and support the DEA's mission to enforce the nation's controlled substance laws and regulations while ensuring the availability of medications for legitimate medical purposes. We further understand the rationale underlying the proposed rule. However, as drafted by the previous administration, the proposal would impose unnecessary and excessive regulatory burdens while simultaneously having a profound adverse impact on access to and quality of end-of-life care.

We respectfully request a meeting to discuss practical solutions that protect patient access while addressing DEA's diversion concerns. We support the mission of the DEA and believe collaborative dialogue can help achieve both patient safety and regulatory integrity.

Thank you for your consideration. We look forward to your response.

Sincerely,

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AAHPM

Mollie Gurian, Vice President - Policy & Government Affairs
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Hillary Loeffler, Vice President – Policy & Regulatory Affairs
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