



THE UNITED STATES  
CONFERENCE OF MAYORS

September 27, 2024

The Honorable Mike Johnson  
Speaker of the House  
United States House of Representatives  
U.S. Capitol Building  
Washington, D.C. 20515

The Honorable Chuck Schumer  
Majority Leader  
United States Senate  
322 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Hakeem Jeffries  
House Democratic Leader  
United States House of Representatives  
U.S. Capitol Building  
Washington, D.C. 20515

The Honorable Mitch McConnell  
Republican Leader  
United States Senate  
317 Russell Senate Office Building  
Washington, D.C. 20510

RE: Extension of the Drug Enforcement Administration (DEA)'s telemedicine flexibilities

Dear Speaker Johnson, Leader Jeffries, Majority Leader Schumer, and Leader McConnell,

As a coalition of bipartisan membership organizations representing state legislatures, cities and counties, we are writing to urge Congress to take immediate steps to extend the Drug Enforcement Administration (DEA)'s telemedicine flexibilities.\* These flexibilities have been important tools in expanding access to mental health care and substance use treatment at a time when demand for these services continues to far exceed existing resources.

Our members have all been on the front lines of the substance use disorder crisis, often in partnership with the federal government, trying to meet the needs of the [1 in 5](#) Americans with a mental illness. As of December 2023, [169 million](#) Americans were living in mental health professional shortage areas and 6 in 10 psychologists reported they were not taking new patients. Of psychologists with waitlists, 72% reported longer lists than before the pandemic and in some rural areas there are counties without *any* behavioral health professionals.

The pandemic-era telemedicine flexibilities that have allowed DEA-registered providers to prescribe certain controlled substances without an in-person visit have been critical to ensuring access to life-saving medications such as methadone for opioid use disorder. These flexibilities minimized exposure to patients and providers during the pandemic, but also eliminated significant barriers to care faced by patients who lack the ability to take time off from work and/or to access affordable childcare or transportation—all of which may be necessary in order to attend an in-person office visit. Preliminary [findings](#) on the efficacy of teleprescribing flexibilities indicate that patients had greater fidelity to treatment schedules and lower risk of overdose.

We share DEA's concerns about safety and enforcement but believe there needs to be a balance that does not undermine progress in the fight against the opioid and mental health crises playing out across the country. Drug overdose deaths involving opioids appear to be [trending](#) down, but with [9 million](#) people annually misusing opioids, now is simply not the time to end or curtail access to these effective tools. Doing so could further harm the millions of Americans in our collective communities in need of these services and undermine the progress we are just beginning to see. We urge you to take steps to extend these prescribing flexibilities.

Thank you for your consideration.



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Matthew D. Chase  
CEO and Executive Director  
National Association of Counties

Tim Storey  
Chief Executive Officer  
National Conference of State Legislatures

Tom Cochran  
CEO and Executive Director  
United States Conference of Mayors

\*In a similar letter sent to the Administration, the coalition urges the Administration to work with the DEA to preserve access to the Drug Enforcement Administration (DEA)'s telemedicine flexibilities