NCUIH Submits Comments to DEA Urging Inclusion of Urban Indian Organizations in Telemedicine Prescribing Rule

Category: Policy Blog
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On May 8, 2026, the National Council of Urban Indian Health (NCUIH) submitted written comments to Drug Enforcement Administration (DEA) Administrator Terrance C. Cole in response to the agency's consultation on Special Registrations for Telemedicine and Limited State Telemedicine Registrations (Docket No. DEA-407, 90 FR 6541, January 17, 2025). NCUIH's comments urge DEA to ensure that Urban Indian Organizations (UIOs) are explicitly included in the final rule's special registration framework, and that administrative requirements do not create barriers that effectively prohibit UIO participation.

Background

The DEA's proposed final rule would establish a permanent special registration framework for practitioners seeking to prescribe controlled substances, including medications for opioid use disorder (MOUD) such as buprenorphine, via telemedicine. The rule is consequential for UIOs because the current COVID-era telemedicine flexibilities expire on December 31, 2026, and UIOs have no existing statutory pathway to prescribe controlled substances via telemedicine. Federal law provides an existing telemedicine exception for IHS and Tribal practitioners, but that exception was designed as a rural access provision and is unavailable to UIO practitioners, who serve urban populations by definition. When COVID-era flexibilities lapse, UIO practitioners will have no pathway to initiate new patients on controlled substances via telemedicine. The special registration framework DEA is now creating represents the right and potentially only vehicle to establish a permanent solution.

NCUIH holds the urban Indian seat on the CMS Tribal Technical Advisory Group (TTAG) and has engaged on this rulemaking since the 2023 proposed rules on telemedicine prescribing. NCUIH's comments address the distinct legal and regulatory circumstances of the urban Indian health system.

Current Action

When the COVID-era telemedicine flexibilities expire on December 31, 2026, an urban AI/AN patient who is ready to begin opioid use disorder treatment but cannot make an in-person appointment will have nowhere to turn. Unlike patients seen at IHS or Tribal facilities, UIO patients cannot fall back on a statutory alternative. They simply go without care. For many, loss of telemedicine prescribing flexibility would not redirect them to in-person care. It would drive them out of treatment entirely.

American Indian and Alaska Native people have the highest rate of fatal opioid overdoses of any population in the United States. Opioid overdose deaths among AI/AN people doubled between 2019 and 2021. UIOs serve these communities as primary care, behavioral health, and overdose prevention and treatment providers and they are located in counties at the center of the crisis. NCUIH's 2024 CDC-commissioned needs assessment found that UIOs are located in counties that averaged 2,056 overdose mortalities in the first half of 2023, compared to a national county average

of 209. Despite this, only 20 percent of UIOs offer medication-assisted treatment on-site, 60 percent reported legal or financial barriers to MAT provision, and 60 percent expressed interest in offering MAT but lacked the resources to do so, a direct consequence of the regulatory gap the final rule has an opportunity to close.

NCUIH's comments make four key recommendations to DEA:

1. **Explicitly include UIO practitioners** in any exemption or accessible special registration pathway established by the final rule, and recognize that IHS-eligible patients receiving care at UIOs are covered by any such pathway.
2. **Ensure administrative requirements do not effectively prohibit UIO participation**, including the nationwide Prescription Drug Monitoring Program (PDMP) check requirement that was widely criticized across the 35,454 public comments submitted to the formal docket. UIOs are small, under-resourced organizations serving highly mobile, multi-state patient populations, and they lack the administrative infrastructure to absorb requirements designed for large health systems.
3. **Permit audio-only telemedicine for all OUD treatment encounters** where audio-video is unavailable or not accepted by the patient, consistent with the accommodation already established in the DEA-948 final rule. Prior to the expiration of COVID-era flexibilities, IHS patients used audio-only telehealth 60 percent of the time. Restricting OUD prescribing to audio-video encounters would exclude patients without reliable internet access or video technology from tele-MOUD access.
4. **Apply continuity-of-care supply limits** under the Special Registration framework sufficient to support sustained treatment for patients who face significant barriers to in-person follow-up, including transience, housing instability, and transportation barriers.

NCUIH will continue to monitor DEA's telemedicine prescribing rulemaking and engage with federal partners to ensure that UIOs and the urban AI/AN communities they serve are not excluded from policies that expand access to life-saving SUD treatment.