U. S. Department of Justice
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, Virginia 22152

www.dea.gov

Richard A. Lawhern, Ph.D.
3691 Nestling Lane
Fort Mill, South Carolina 29708
lawhern@hotmail.com

Dear Dr. Richard Lawhern:

This letter is in response to your email dated July 15, 2019, to the Drug Enforcement Administration (DEA). In your correspondence, you raised concerns regarding chronic pain management, closure of pain treatment centers, and the "exodus of providers out of the pain management practice." DEA appreciates the opportunity to address your concerns, and clarify information regarding this matter.

The Controlled Substances Act (CSA) and its implementing regulations established a closed system of distribution to ensure appropriate medical care and to maintain the integrity of the system through an accountability process. One of the most important principles underlying the CSA and its implementing regulations is that to be valid, every prescription for a controlled substance must be based on a determination by an individual practitioner, that the dispensing of the controlled substance is for a legitimate medical purpose in the usual course of professional practice. *United States v. Moore*, 423 U.S.C. 122 (1975) and 21 CFR 1306.04(a). Federal regulations do not define the term legitimate medical purpose nor do they set forth the standards of medical practice. It is up to each DEA-registered practitioner authorized by DEA to do so, to treat patients according to his or her professional medical judgement in accordance with a standard of medical practice that is generally recognized and accepted in the United States.

DEA has not promulgated any new regulations regarding the treatment of pain. Federal law and DEA regulations do not impose a specific quantitative minimum or maximum limit on the amount of medication that a practitioner may prescribe on a single prescription, or the duration of treatment intended for a particular patient. DEA has consistently emphasized and supported the prescriptive authority of an individual practitioner under the CSA to administer, dispense, and prescribe controlled substances for the legitimate treatment of pain within acceptable medical standards as outlined in DEA's policy statement published in the *Federal Register* (FR) on September 6, 2006, titled, *Dispensing Controlled Substances for the Treatment of Pain*. 71 FR 52716.

While DEA is the agency responsible for enforcing the CSA, DEA does not act as the Federal equivalent of a state medical board overseeing the general practice of medicine and lacks the authority to issue guidelines that constitute advice relating to the general practice of medicine. Therefore, it is important for you to check with your state medical board, as the issues that you have raised, may be the result of new laws or regulations enacted by your state. Where state law or regulations impose requirements beyond those in Federal law and regulations, practitioners must