ARA

Telehealth Prescribing of Schedule II Substances in New Jersey

Information current as of October 27, 2026

THE BOTTOM LINE

New Jersey's new law on telehealth prescribing, signed July 8, 2026, keeps in-person visits as the general rule for the most tightly controlled prescription drugs, but lets adults start stimulant medications, such as those for ADHD, by video and exempts several groups of patients, including those in cancer treatment or hospice. Adults who start a stimulant by video must be seen in person within 30 days and at least once a year. Every telehealth prescription for these drugs now requires live video; a phone call alone does not count. The state law is final, but a separate federal waiver that makes remote starts possible ends December 31, 2026 unless federal officials act, and a federal replacement rule was still under review on October 27, 2026.

What the law changes

Schedule II, explained. Schedule II drugs are the most tightly controlled medications that can be prescribed, because of their high potential for misuse. They include ADHD stimulants such as Adderall and strong opioids such as morphine and methadone.

The default rule stays. Before a prescriber can send a Schedule II prescription after a telehealth visit, the patient must have an in-person exam, and then an in-person visit every three months for as long as the prescription continues. That was the rule before July 8, and it still applies to every patient and medication not covered by the exceptions below.

A new path for adults on stimulants. An adult can now start a Schedule II stimulant after a first exam by video. If that first exam is remote, an in-person visit is required within 30 days. After that, the patient needs an in-person visit or a telehealth contact every three months, and an in-person visit at least once a year. The path covers stimulants prescribed for any condition, not only ADHD.

Children. As before, a patient under 18 can be prescribed a stimulant without any in-person exam if a parent or guardian gives written consent.

Exempt patients and medications. The in-person rule no longer applies to patients in active cancer treatment, in hospice, receiving palliative care, or living in a long-term care facility; to patients being evaluated or treated under New Jersey's Medical Aid in Dying law; or to medications prescribed to treat a substance use disorder. That last exemption likely reaches few patients, because methadone for opioid addiction is usually dispensed by treatment programs rather than prescribed for a pharmacy, and buprenorphine was never covered by this rule.

Video is required. Every telehealth prescription of a Schedule II drug now requires live, two-way audio and video, and the prescriber must meet the same standard of care as in an office visit. Phone-only visits do not qualify.

What is settled and what is not

The state law is final and took effect on July 8, 2026. On August 3, 2026, the state's Drug Control Unit issued guidance explaining it. That guidance indicates that adults in the exempt patient groups still need the 30-day and yearly in-person visits if they take a stimulant, which matches the law's wording, but guidance does not bind licensing boards or courts. Several questions remain open, including what counts as a three-month "contact" and who must conduct the required in-person visits. No licensing board rules under the law were located.

Federal law is the larger open question. A New Jersey prescriber must follow both state and federal law, and the stricter rule controls. A 2008 federal law, the Ryan Haight Act, requires at least one in-person evaluation by the prescriber, or a prescription by a covering colleague, before these drugs are prescribed online. That requirement has been waived since March 2020, and the waiver now runs through December 31, 2026. The Drug Enforcement Administration sent a final rule creating a special telemedicine registration to the White House Office of Management and Budget for review on August 25, 2026; on October 27, 2026, the review was still pending and the rule's text was not public. If the waiver ends with no replacement, starting these drugs by video would again require an in-person evaluation first. Patients whose prescriber has already examined them in person could keep getting prescriptions by telehealth under federal law, subject to the state's visit schedules.

The numbers behind the report

By the numbers. These figures come from the statute, federal agencies, peer-reviewed studies, and state records, cited in full in the report:

4 to 1	**Required in-person visits a year for an adult already taking a stimulant,** dropping from four, one every three months, to one yearly visit under the new path. A remote start also needs an in-person visit within 30 days.
Dec. 31	**The date in 2026 when the federal telemedicine waiver ends** unless it is extended or replaced. Federal officials have extended it four times since the pandemic emergency ended in 2023.
14% / 28%	**Approximate shares of stimulant starts made by telehealth for children and for adults with commercial insurance in April 2022,** down from a peak of 53 to 57 percent in April 2020. Adjusted start rates stayed about level for children and rose for adults.
45.5%	**Rise in U.S. stimulant dispensing from 2012 to 2021,** reported by the DEA and FDA in 2023, with growth of more than 10 percent in some age groups in 2020 and 2021, when virtual prescribing was widely permitted. The agencies did not attribute the increase to telehealth.
122	**New Jersey patients who took part in Medical Aid in Dying in 2024.** Every medication combination reported for them included morphine, a Schedule II drug, which is why the law's exemption for these patients matters.

The changes are most relevant to adults on stimulants, patients who live far from their prescriber or have trouble traveling, college students away at school, and seriously ill patients at home or in care facilities. The patients most exposed to the federal deadline are those who started treatment by video under the federal waiver and have never seen their prescriber in person.

Both sides of the question

Consistent with ARA's nonpartisan mandate, the report presents the case for and against on equal terms. **Supporters**, including Governor Sherrill and legislators who sponsored the bill, say it helps patients for whom travel is hard keep receiving care. The Governor wrote that the law "makes permanent certain telehealth prescription flexibilities by eliminating the need for in-person visits every three months," naming college students away at school, patients with mobility issues, and patients far from a specialist; sponsors pointed to patients in active cancer treatment and patients unable to travel. The report notes that the three-month in-person rule remains the default for most patients. **Critics** are harder to document. Two members of each chamber voted against the bill, and the report located no published position on it from a New Jersey medical, psychiatric, pharmacy, or hospital organization. The report instead reviews the federal records most often raised in debates over remote prescribing. The DEA and FDA noted that stimulant prescribing grew in some age groups in 2020 and 2021, when virtual prescribing was widely permitted, but did not attribute the increase to telehealth, and a federal jury convicted the leaders of one telehealth company in a scheme to distribute more than 37 million Adderall pills, a case the report cautions is not evidence about telehealth prescribing in general. **The research record** carries a caution for both sides: pandemic-era studies, mostly of buprenorphine, which this law does not cover, link telehealth with equal or better results in treatment for opioid addiction; studies found no overall rise in substance

use disorder after telehealth stimulant starts, but one found a higher risk of stimulant use disorder with a very wide margin of error; and a documented search found no study of whether in-person rules like New Jersey's change patient outcomes. The report states both sets of facts and lets readers weigh them.

Where things stand

For adults taking stimulants. While federal rules allow remote starts, an adult who starts a stimulant by video needs an in-person visit within 30 days and at least once a year. The law does not say who must conduct those visits; a visit with the prescriber satisfies both the state and federal requirements.

For patients in the exempt groups and their families. Patients in cancer treatment, hospice, palliative care, long-term care, or Medical Aid in Dying no longer face the default in-person rule. Adults in these groups who take a stimulant follow the adult stimulant schedule, according to the law's text and state guidance. If the federal waiver ends without a replacement, the federal in-person requirement would return for new remote prescriptions, including aid-in-dying prescriptions.

Veterans. The state law says nothing specific about veterans. A separate federal rule, in effect since December 31, 2025, lets VA clinicians prescribe controlled medications by telemedicine to a veteran whom another VA clinician has examined in person, subject to safeguards such as a records check.

Insurance. Through December 31, 2027, state law requires State-regulated health insurers, the State and school employee health plans, Medicaid, and NJ FamilyCare to pay the same rate for a covered video visit as for an in-person one. Insurers need not pay that rate to telehealth companies that do not offer the service in person in New Jersey.

Prescribers and pharmacists. Prescribers must track federal rules after December 31, 2026, and pharmacists must still confirm that each controlled-drug prescription has a legitimate medical purpose. Questions about the state rules can go to a licensing board or to the Drug Control Unit at CDS@dca.njoag.gov.

A practical step before December 31

If you or a family member gets a stimulant or another Schedule II medication through telehealth, check one thing now: whether your prescriber has ever examined you in person. If not, ask whether you should schedule that visit before December 31, 2026, in case the federal waiver ends without a replacement, and watch for news of a federal extension or final rule. The Drug Control Unit posts New Jersey's official guidance at njconsumeraffairs.gov/dcu.

About this summary. Agard Research Associates Inc. (ARA) is a nonpartisan, nonprofit research institute in New Jersey. This document summarizes the full ARA report, Telehealth Prescribing of Schedule II Substances in New Jersey (October 2026), which contains complete citations for every figure above. It neither supports nor opposes any party, candidate, or legislation, and it is general information, not legal or medical advice. English edition; also available in Spanish. Version 1.0, October 2026.

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