



Foundation *for*
Opioid Response Efforts

05/16/23

Opioid Use Disorder Treatment in the Post-PHE Era

In Partnership with Manatt Health

Introduction



02

Karen A. Scott, MD, MPH

President

Foundation for Opioid Response Efforts



Follow ongoing updates on our website:
<https://www.ForeFdn.org>

INSPIRE AND ACCELERATE



**Professional
education**



**Payer & Provider
strategies**



Policy initiatives



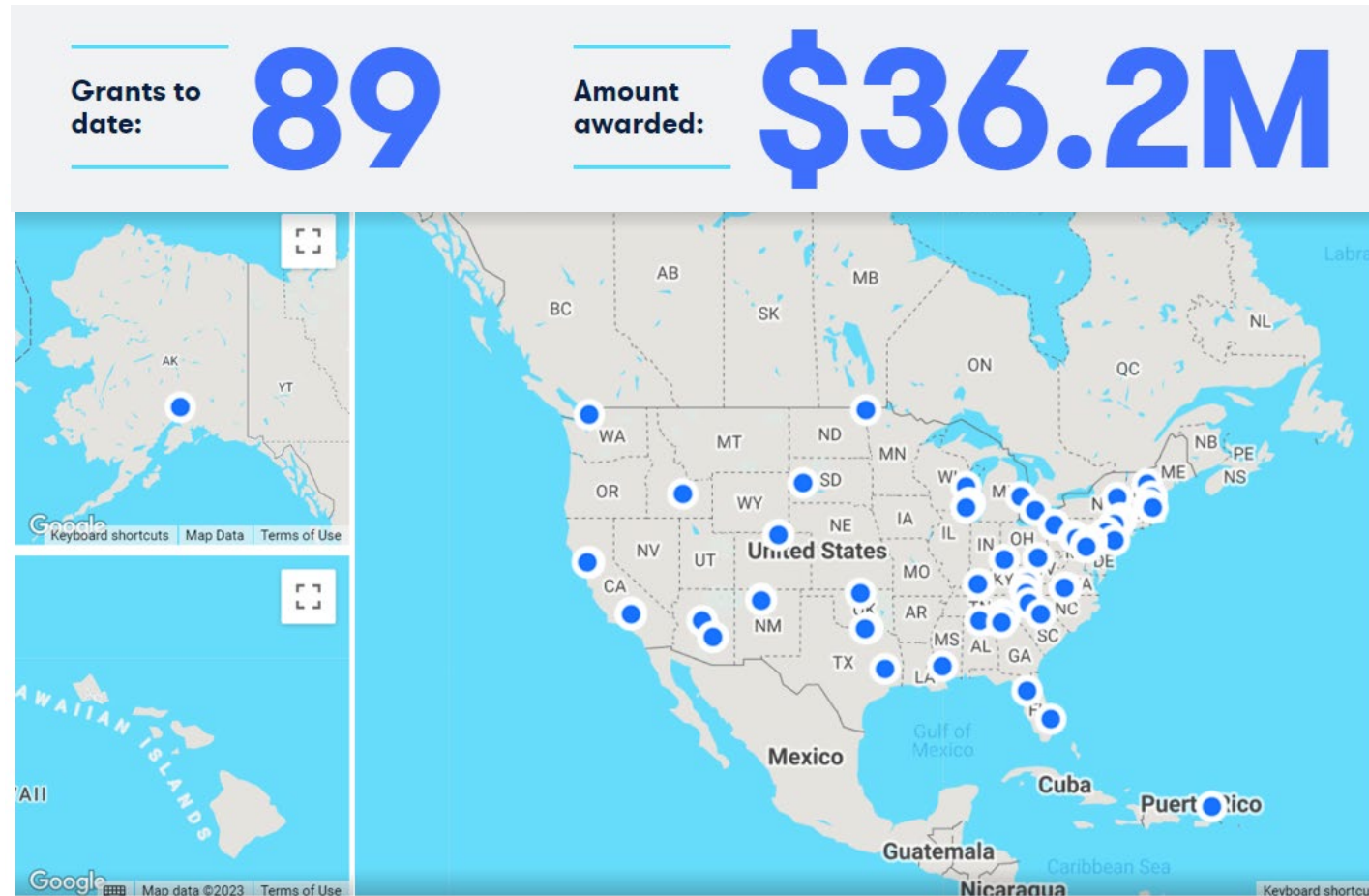
Public awareness

FORE Programs and Partnerships

FORE grantmaking programs to date have focused on:

- **Access to treatment** for vulnerable populations
- Responding to the **COVID-19 pandemic** through recovery services and evaluation of regulatory policies
- **Innovation** challenge to tackle some of the opioid crisis' most intractable problems (such as stigma, as well as generating more timely and actionable data)
- **Family- & community-based prevention** for children and families at high risk
- Supporting **Community-Driven Responses** to Opioid Use Disorder and Overdose Mortality

FORE Grantee Portfolio



See all FORE Grantees on our website:
<https://www.ForeFdn.org/Our-Grantees/>

Speakers



Zoe Barnard
*Senior Advisor,
Manatt Health*



**Beth Connolly,
MPA**
*Assistant
Director, Office of
Public Health
Office of National
Drug Control
Policy
Executive Office
of the President*



**Andrew Herring,
MD**
*Founder and
Director,
California Bridge
Chief, Addiction
Medicine,
Alameda Health
System
FORE Grantee*



**Danielle Russell,
PhD**
*Arizona State
University
FORE Grantee*



**Hemi Tewarson,
JD, MPH**
*Executive
Director
National
Academy for
State Health
Policy (NASHP)
FORE Grantee*

MOUD during the COVID-19 PHE

The COVID-19 pandemic was accompanied by serious disruptions in treatment for people with opioid use disorder (OUD). During the pandemic, **the overdose death rate increased 50% in the United States**. In response, the federal government instituted unprecedented flexibilities to **expand access to medications for opioid use disorder (MOUD)**.



107,000

Lives lost to overdose in 2021

The rise in fatal overdoses impacted people of color and adolescents the most.

↑ **56.6** /100K

Fatal Overdose Rate
AIAN People

↑ **44.2** /100K

Fatal Overdose Rate
Among Black People

↑ **2x**

Adolescent Overdoses
More than Doubled



Telehealth

Receipt of OUD-related telehealth services was associated with **improved MOUD retention and lower odds of overdose**.



Provider Registration

Removal of the X-waiver **should expand access to care and normalize providers treating OUD**.



Take-Home Doses

Take-home doses **did not increase harmful outcomes and allowed people with OUD the flexibility to better meet the demands of work and family**.

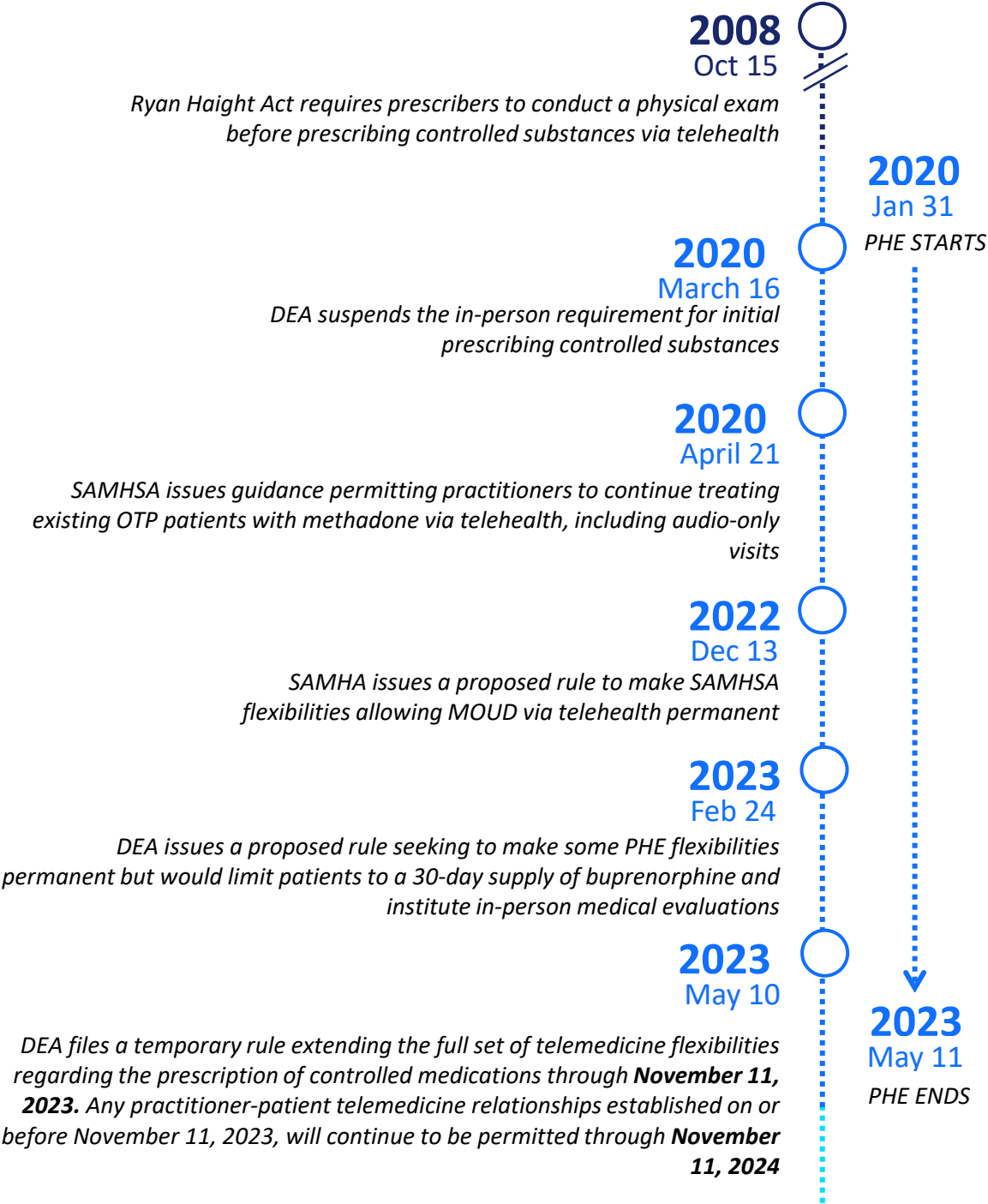
Federal Efforts to Address Access to Opioid Use Disorder Treatment During the Pandemic



Expanding Telehealth Increased Access to Care

In March 2020, DEA suspended the in-person requirement for initial prescribing, creating an opportunity for people to receive MOUD **regardless of geography and local healthcare infrastructure** (to the extent state laws allow).

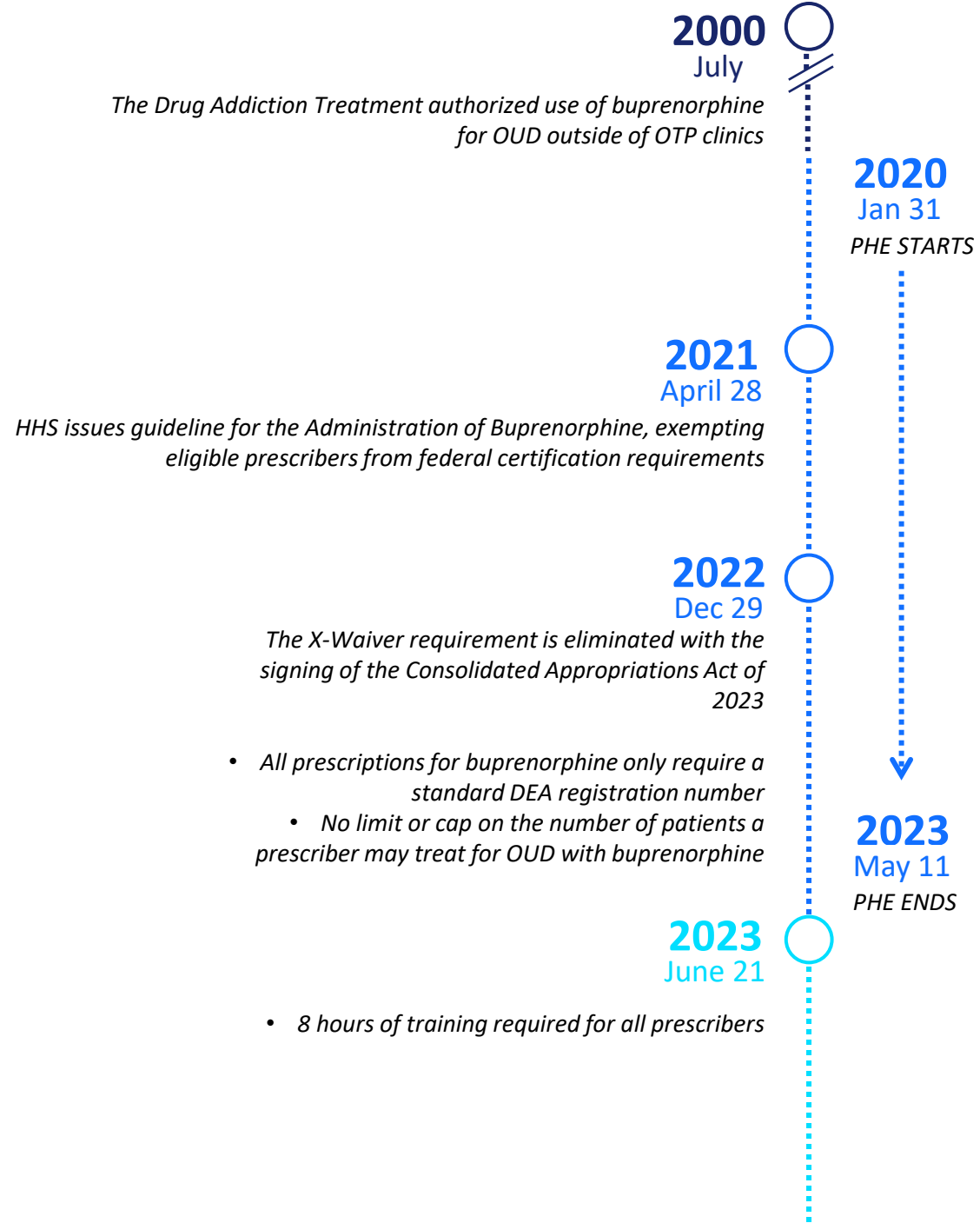
Incorporation of telehealth technology with MOUD is associated with **higher patient satisfaction, comparable retention, reduced health care costs, increased access and usage of buprenorphine, and successful patient engagement.**



Provider Registration: The X-Waiver

The Drug Addiction Treatment Act of 2000 created a pathway for non-OTP practitioners to prescribe buprenorphine. However, providers needed to obtain an addendum to their DEA license, known as an X-Waiver and complete an 8-hour training course.

The Consolidated Appropriations Act of 2023 removed the X-waiver requirement and regulates buprenorphine the same as all other controlled substances, which is expected to expand access to care and normalizes providers treating OUD.



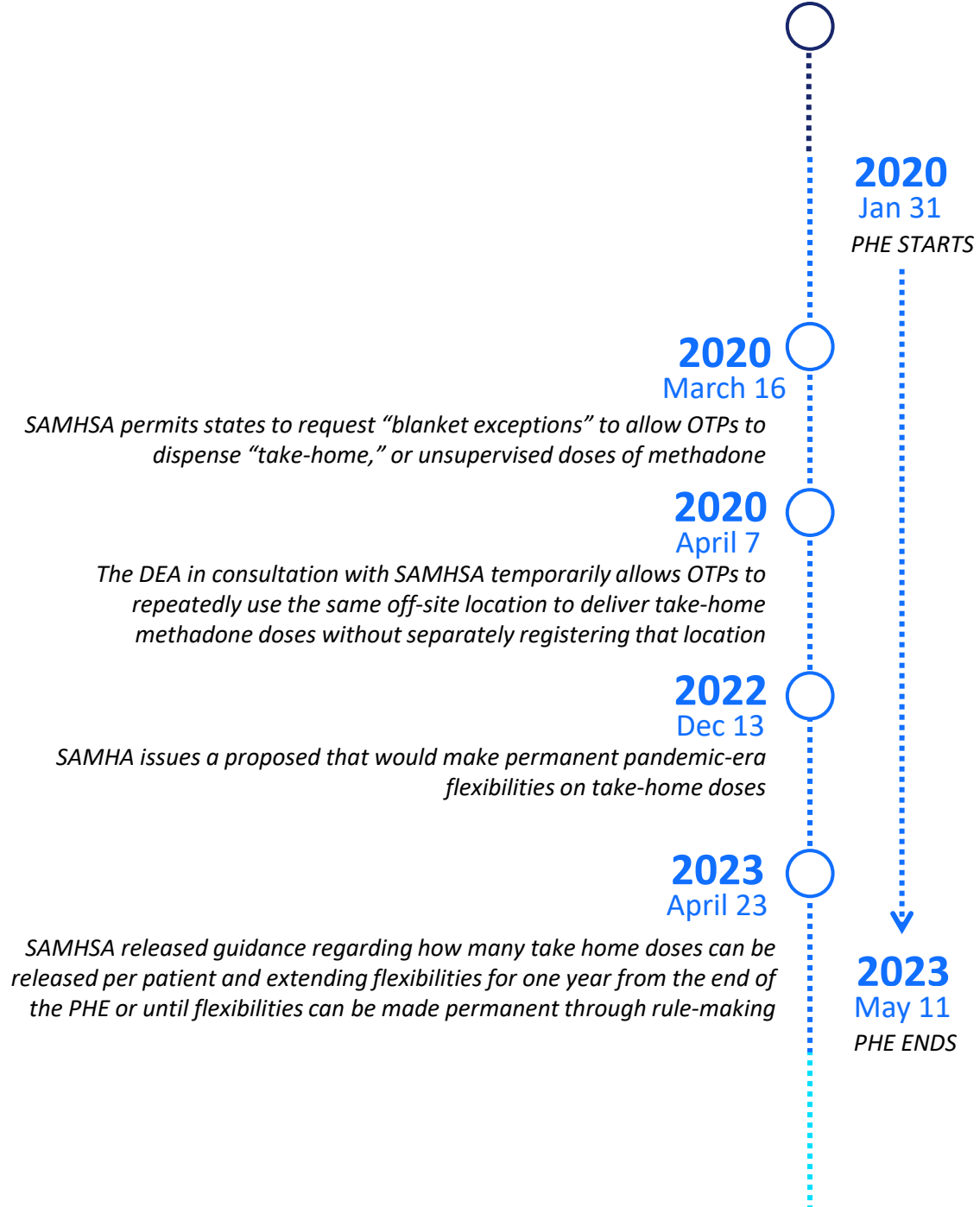
manatt



Take-Home Doses Normalized MOUD and Did Not Increase Harm

Prior to the PHE, patients using methadone were required to visit a clinic daily. During the PHE, states could request exceptions to permit OTPs to dispense “take-home,” doses of methadone.

Preserving take-home flexibilities is supported by research, which indicates that the increase in take-home methadone did not result in an increase in harm. Patients, especially those living in rural communities and/or long distances from an OTP, preferred take-home doses, which eliminated access barriers.



The Post-Pandemic Federal OUD Treatment Policy Landscape for Providers

11

Telehealth

PHE-era prescribing flexibilities extend through November 11, 2023. Established practitioner-patient telemedicine-only relationships will be permitted through November 11, 2024.



Registration

Providers no longer need an X-waiver but all DEA registrants must take an 8-hour class starting in June. There is no limit or cap on the number of patients a prescriber may treat with buprenorphine.



Take-Home Doses

SAMHSA's proposed rule and guidance issued in April will allow OTPs to provide take-home doses of methadone within specified limits until a permanent rule is filed.



State Efforts to Address Access to Opioid Use Disorder Treatment During the Pandemic



State-Level Flexibilities and Variations in Policy

13

States varied in the extent to which they embraced federal pandemic-era flexibilities and have wide latitude to add restrictions on access to MOUD, generating a confusing and uneven regulatory landscape that is rapidly evolving



- **Take-Home Doses**

- Most states requested exceptions to allow OTPs to provide take-home doses. Individual states may impose additional restrictions that prohibit or limit take-home doses. The State Opioid Treatment Authority (SOTA) will have the most up to date guidance on take-home doses in an individual state.



- **Licensing Requirements & Scope of Practice Laws**

- The federal government permits advanced practice providers to initiate, manage and prescribe MOUD subject to state scope of practice laws. During the pandemic, many states modified licensing requirements and scope of practice laws to meet increased demand. Some states have retained these flexibilities, and others have not.



- **Telehealth**

- During the pandemic, there was a large increase in state temporary waivers of telehealth coverage intended to expand access to care. States are adopting a range of licensure flexibilities for telehealth including interstate compacts, licensure by endorsement, and special telehealth registries or licenses.

References and Resources

- KFF. (March 2023). [The Implications of COVID-19 for Mental Health and Substance Use.](#)
- CDC, NCHS Data Brief No. 457 (December 2022). [Drug Overdose Deaths in the United States, 2001–2021.](#)
- HHS (April 28, 2021). [Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use](#)
- Pub. L 117-328 (Dec. 29, 2022). [Consolidated Appropriations Act, 2023](#)
- DEA (January 12, 2023). [Letter to DEA Registrants](#)
- Pub. L. 110-425 (Oct. 15, 2008). [Ryan Haight Online Pharmacy Consumer Protection Act of 2008](#)
- DEA. (March 16, 2020). [COVID-19 Information Page](#)
- 88 Fed. Reg. 30037 (May 10, 2023). [Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications](#)
- 88 Fed. Reg. 12875 (March 1, 2023). [Telemedicine Prescribing of Controlled Substances When the Practitioner and the Patient Have Not Had a Prior In-Person Medical Evaluation](#)
- Krawczyk N, Rivera BD, Levin E, Dooling BCE. Synthesizing evidence on the impacts of COVID-19 regulatory changes on methadone treatment for opioid use disorder: Implications for U.S. federal policy. Lancet Public Health. 2023 Mar;8(3):e238-e246
- SAMHSA. (March 16, 2020). Opioid Treatment Guidance
- Pessar SC, Boustead A, Ge Y, Smart R, Pacula RL. [Assessment of State and Federal Health Policies for Opioid Use Disorder Treatment During the COVID-19 Pandemic and Beyond.](#) JAMA Health Forum.
- SAMSHA (published April 23, 2023; updated May 1, 2023). [Methadone Take-Home Flexibilities Extension Guidance](#)
- SAMHSA. (April 21, 2020). [FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency](#)
- SAMSHA (published April 23, 2023; updated May 1, 2023). [Methadone Take-Home Flexibilities Extension Guidance](#)
- 87 Fed. Reg. 77330 (Dec. 16, 2022). [Medications for the Treatment of Opioid Use Disorder](#)
- 85 Fed. Reg. 42986 (July 15, 2020). [Confidentiality of Substance Use Disorder Patient Records](#)
- SAMHSA. [COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance](#)
- 87 Fed. Reg. 74216 (Dec. 2, 2022). [Confidentiality of Substance Use Disorder \(SUD\) Patient Records](#)
- 85 Fed. Reg. 22024 (effective March 17, 2020). [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)
- HHS. (April 11, 2023). [HHS Office for Civil Rights Announces the Expiration of COVID-19 Public Health Emergency HIPAA Notifications of Enforcement Discretion](#)



15



Beth Connolly, MPA

Assistant Director, Office of Public Health
Office of National Drug Control Policy
Executive Office of the President

Panel Moderator



16

Ken Shatzkes, PhD
Program Director
Foundation for Opioid Response Efforts



Follow ongoing updates on our website:
<https://www.ForeFdn.org>



17



Andrew Herring, MD

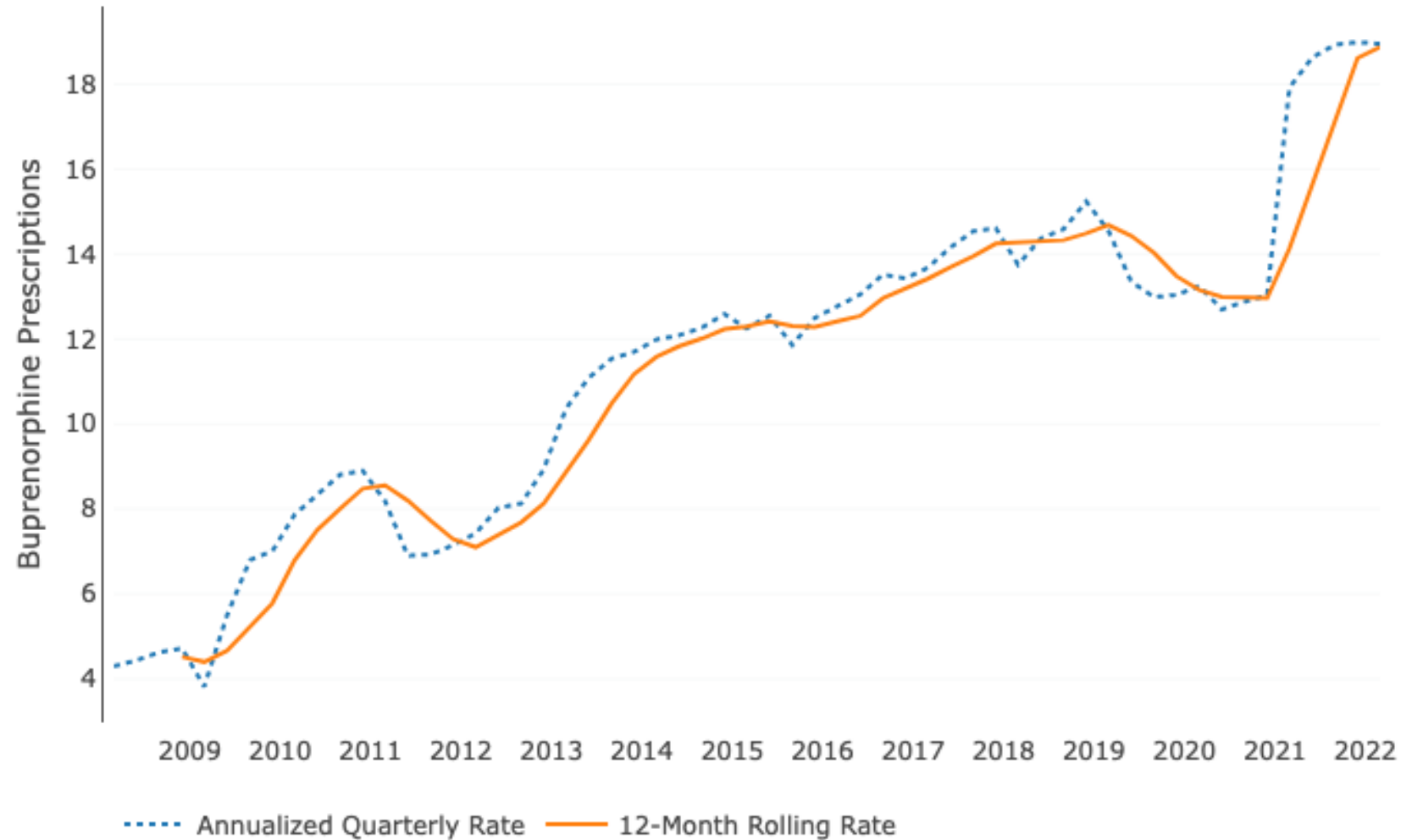
Founder and Director, California Bridge
Chief Addiction Medicine, Alameda Health System

Telehealth and The COVID-19 Public Health Emergency

Andrew Herring, MD Founder and Director, California Bridge
Chief, Addiction Medicine, Alameda Health System



Telehealth saves lives



Low-Barrier Treatment

CA
BRIDGE

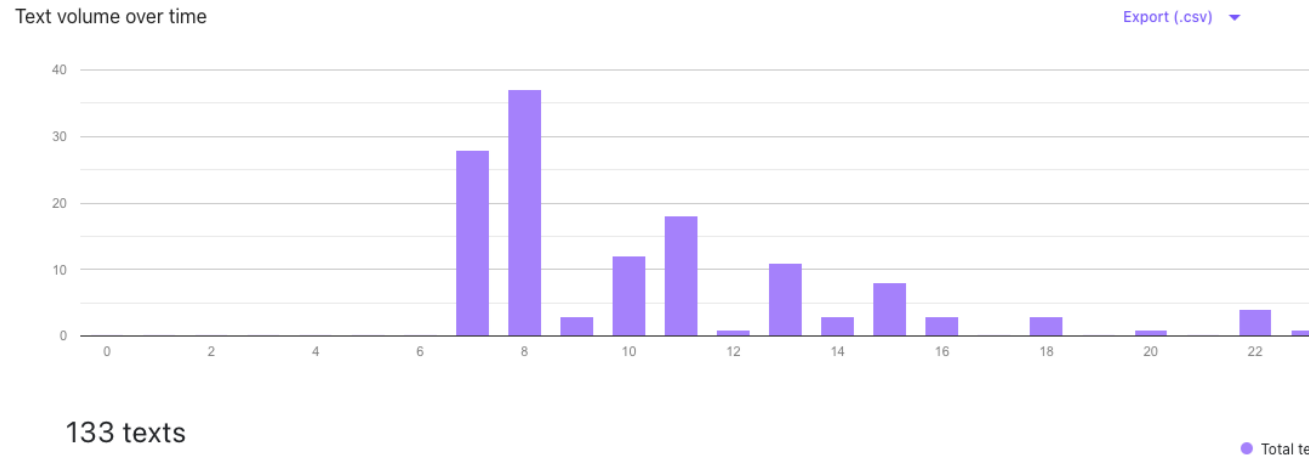
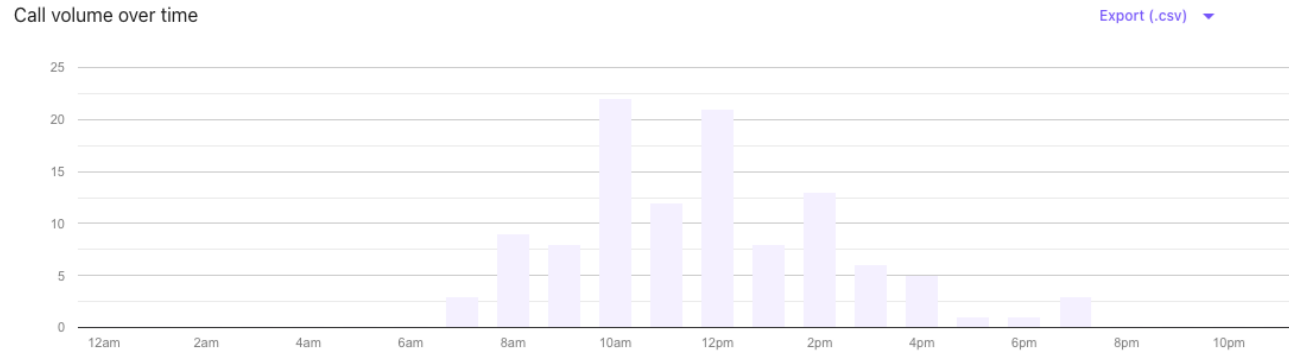
FORE

Availability and Belonging



Typical Day On the Line

125
Calls



2022 impact

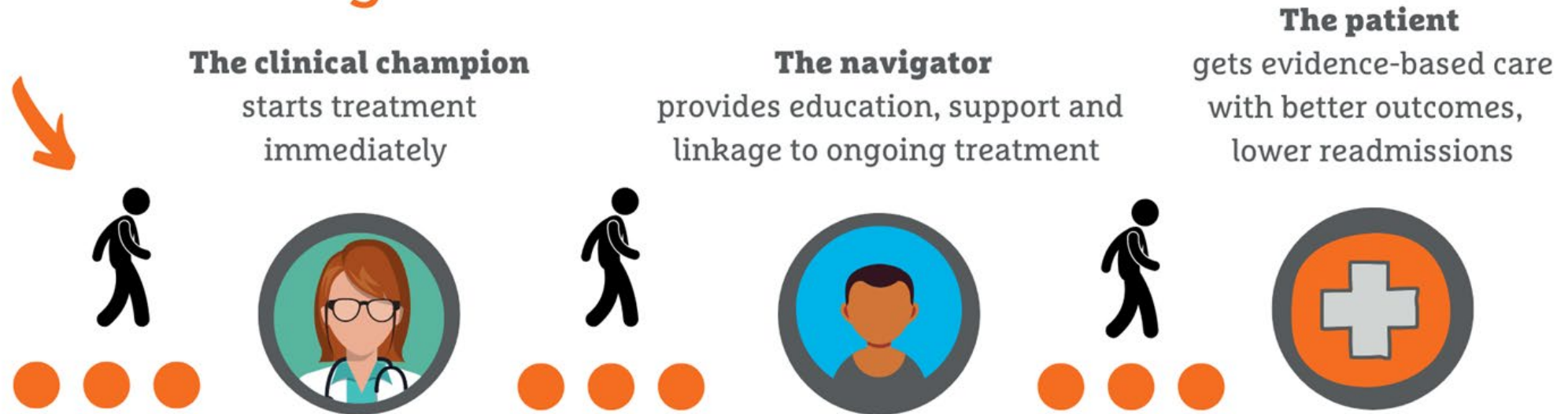
~20,000+ calls & texts

8,629 visits

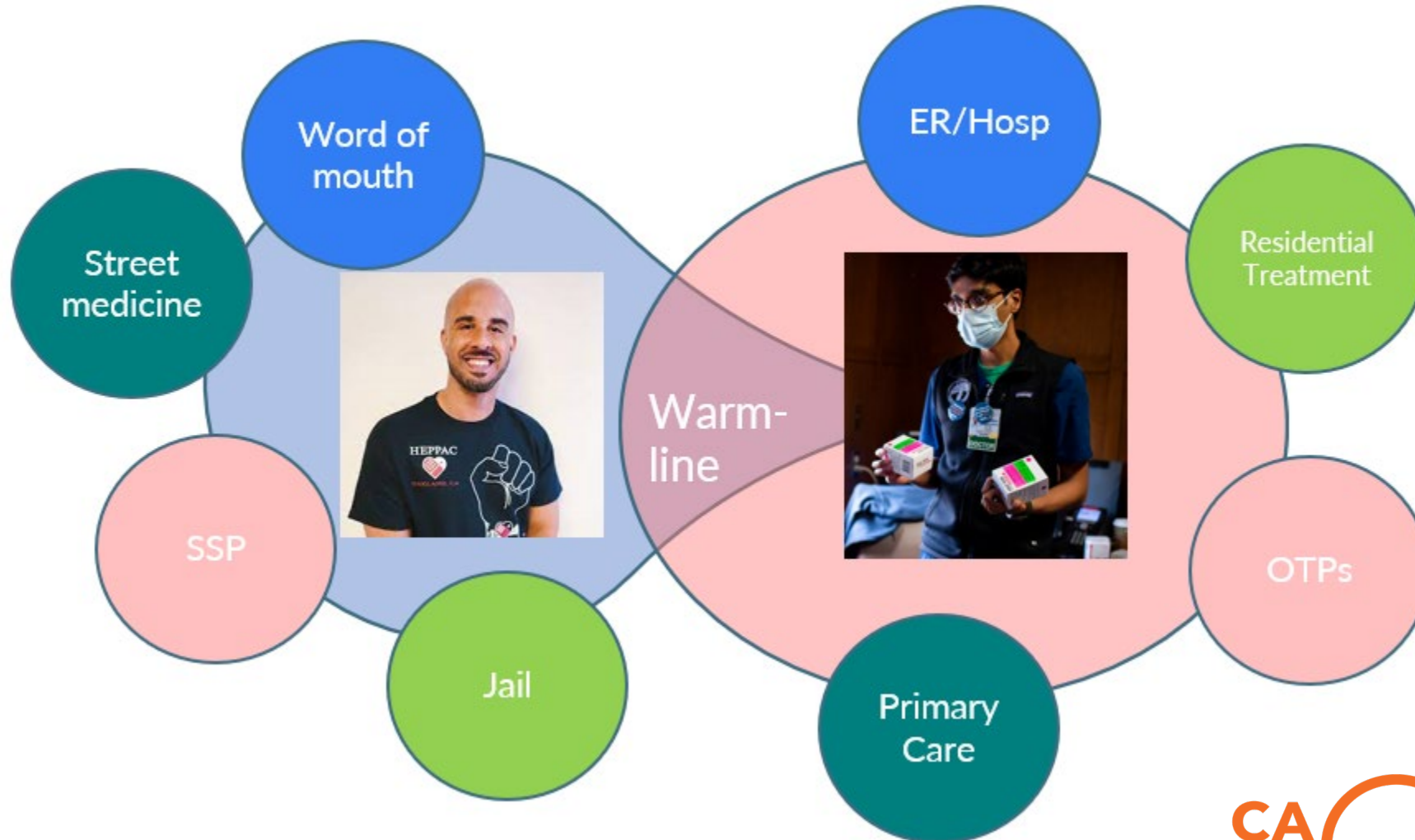
1,921
Unique
patients

1,121
Actively
Engaged

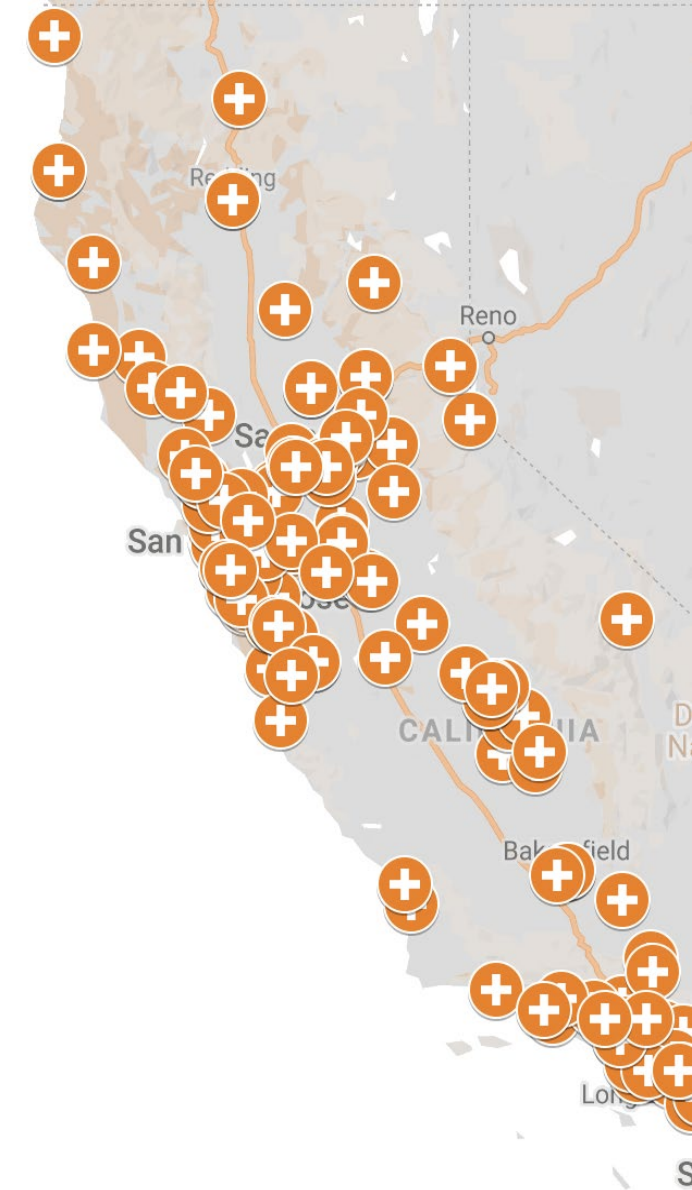
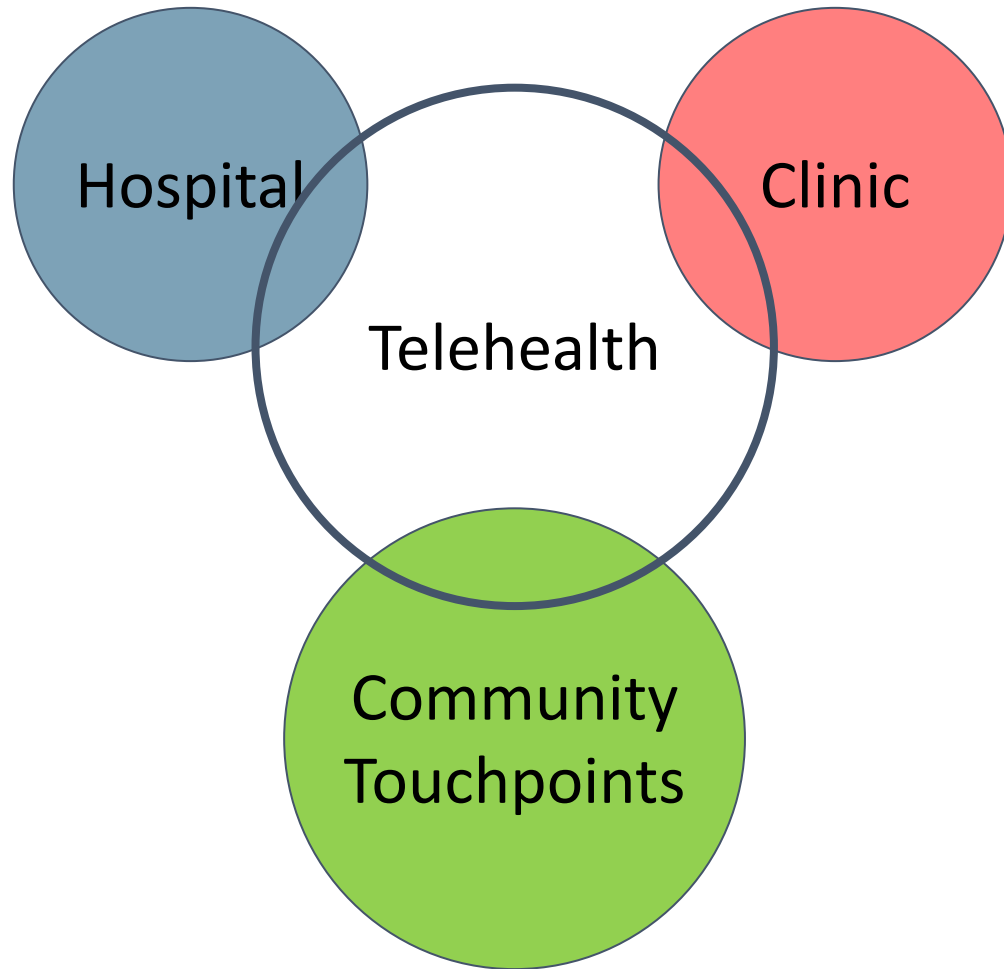
The CA Bridge Model in Action



Harm Reduction Virtual Front Door



Regional Scale Up



Telehealth and The COVID-19 Public Health Emergency

Andrew Herring, MD Founder and Director, California Bridge
Chief Addiction Medicine, Alameda Health System





26



Danielle Russell, PhD

Arizona State University



27



Hemi Tewarson, JD, MPH

Executive Director

National Academy for State Health Policy (NASHP)

Q&A

28



**Andrew
Herring, MD**
*Founder and
Director,
California
Bridge
Chief, Addiction
Medicine,
Alameda Health
System*
FORE Grantee



**Danielle
Russell, PhD**
*Arizona State
University*
FORE Grantee



**Hemi Tewarson,
JD, MPH**
*Executive
Director
National
Academy for
State Health
Policy (NASHP)*
FORE Grantee

manatt

