

November 20, 2025



DC Update: National Rural Health Day, DEA to Issue Fourth Extension of COVID-19 Telemedicine Prescribing Flexibilities, Study on Buprenorphine Treatment for OUD in Non-Addiction Settings, and More.

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Voices on the Hill

Congressman Brian Fitzpatrick, Representative for Pennsylvania's 1st District

Congressman Brian Fitzpatrick (R-PA-01) serves as the Representative for Pennsylvania's 1st congressional district, a position he has held since 2019, after previously representing the 8th congressional district, which was renumbered to the 1st district, beginning in 2017. Prior to his election to Congress, Representative Fitzpatrick served as a supervisory special agent in the Federal Bureau of Investigation (FBI), including as National Director for the FBI's Campaign Finance and Election Crimes Enforcement Program as well as a National Supervisor for the FBI's Public Corruption Unit. He also served as Special Assistant U.S. Attorney for the Eastern District of Pennsylvania.

Representative Fitzpatrick holds a B.S. in business administration from La Salle University in 1996 and both a M.B.A. from Pennsylvania State University and a J.D. from the Penn State Dickinson School of Law in 2001.



Representative Fitzpatrick is a champion of bipartisan legislation to support substance use disorder (SUD) services, with an emphasis on preventing overdose, expanding treatment access and coverage, and promoting recovery. Specifically, Representative Fitzpatrick

leads an annual bipartisan Dear Colleague Letter with Representative Tonko (D-NY-20) promoting funding for the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant. Further, in 2017, Representative Fitzpatrick introduced the [Road to Recovery Act \(H.R.2938\)](#), which sought to eliminate the Institutions for Mental Diseases (IMD) exclusion prohibiting federal Medicaid matching funds for States for SUD services. Representative Fitzpatrick later introduced the [Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment \(REACH OUT\) Act of 2018](#), a bill that requires the Centers for Medicare & Medicaid Services (CMS) to award grants to conduct outreach with prescribers identified as "clinical outliers" to share best practices on the prescription of controlled substances, and was an original cosponsor of the [Creating Opportunities that Necessitate New and Enhanced Connections That Improve Opioid Navigation Strategies \(CONNECTIONS\) Act \(H.R.5812\)](#), a bill that authorizes the Centers for Disease Control and Prevention (CDC) to award grants and provide technical assistance around overdose prevention and surveillance and strengthens Prescription Drug Monitoring Program (PDMP) data collection, both of which were included in the [SUPPORT for Patients and Communities Act \(P.L. 115-271\)](#). In 2023, Representative Fitzpatrick was also an original cosponsor of the [Improving Medicaid Programs' Response to Overdose Victims and Enhancing \(IMPROVE\) Addiction Care Act \(H.R.4950\)](#), legislation to establish additional requirements for State Medicaid drug-use review programs for individuals who have experienced an opioid-related overdose, including protocols that connect those who have experienced an overdose to treatment and recovery services, ensure providers are notified of an individual's history of opioid use disorder (OUD), and educate providers on proper prescribing practices. Recently, in 2025, Representative Fitzpatrick was an original cosponsor of the [Telehealth Response for E-Prescribing Addiction Therapy Services \(TREATS\) Act \(H.R.1627\)](#), which sought to permanently allow health care practitioners to prescribe Food and Drug Administration (FDA)-approved medications for the treatment of SUD using telehealth without evaluating the patient in person. Finally, Representative Fitzpatrick was also an original cosponsor of the [Medicaid Bump Act \(H.R.4745\)](#), a bill to provide a higher Federal matching rate (90%) for expenditures under Medicaid for mental health and SUD services.

Representative Fitzpatrick currently serves on the House Committee on Ways and Means, the Committee in the House with jurisdiction over tax legislation and other revenue-raising measures, including on the Subcommittee on Health, which has jurisdiction over Medicare and Medicaid, and the Subcommittee on Tax. Representative Fitzpatrick also serves on the House Permanent Select Committee on Intelligence as Chair of the Subcommittee on the CIA and as a member of the Subcommittee on Open-Source Intelligence. Finally, he serves as Co-Chair of the Bipartisan Mental Health and Substance Use Disorder Task Force and as a member of the House Addiction, Treatment, and Recovery Caucus.

Capitol Hill Happenings

Senate Finance Committee Hearing on the Rising Cost of Health Care

On November 19, the Senate Finance Committee held a hearing titled "*The Rising Cost of Health Care: Considering Meaningful Solutions for all Americans*." The hearing focused on the current state and structure of the U.S. health care system; impacts of the rising cost of health care on individuals, families, communities, and providers; and potential solutions to address America's rising cost of health care. The hearing comes as Congress continues negotiations on extending the enhanced subsidies under the Affordable Care Act (ACA) established during COVID-19 that are set to expire at the end of the year and considers changes to the broader American health care system. Witnesses included:

- Douglas Holtz-Eakin, President, American Action Forum
- Jason Levitis, Senior Fellow, Health Policy Division, Urban Institute
- Biran Blase, President, Paragon Health Institute
- Bartley Armitage, Eugene, Oregon

Around the Agencies

Today is National Rural Health Day!

Each year, the third Thursday in November- for this year, November 20, 2025- is recognized as [National Rural Health Day](#). Founded by the Health Resources and Services Administration (HRSA)-funded [National Organization of State Offices of Rural Health \(NOSORH\)](#) in 2011, National Rural Health Day is an annual observance dedicated to celebrating the “Power of Rural” by highlighting the unique health care challenges faced by individuals living in rural communities and efforts by rural health care providers, communities, and organizations; State Offices of Rural Health; and other relevant stakeholders to reduce health care disparities in rural communities. In recognition of National Rural Health Day, HRSA's NOSORH released the [National Rural Health Day 2025 Promotional Toolkit](#), which contains various resources on rural health, social media graphics and shareables, and promotional content to raise awareness for rural health care issues and rural health care providers.



Celebrating the **Power of Rural!**®

Additional resources on rural health can be found on HRSA's Federal Office of Rural Health Policy's (FORHP) webpage, [here](#).

DEA Indicates Intent to Issue Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications

On November 10, the Drug Enforcement Administration (DEA) posted a proposed new rule for review on the Office of Management and Budget (OMB) regulatory registry titled [Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications](#). The proposed new rule indicates that DEA is planning to make an additional extension of the COVID-19-era flexibilities for the prescribing of controlled substances using telehealth, which was most recently extended in November 2024 and currently set to expire on December 31, 2025. The temporary rules, originally issued to prevent lapses in care during the COVID-19 Public Health Emergency, have been in effect for nearly the last six years and allow licensed practitioners to prescribe Schedule II-V controlled substances via telehealth without requiring a patient to see a doctor in person.

DEA has yet to release the details of the extension, and the notice is pending regulatory review by OMB. The new rule must first clear OMB review before being published in the Federal Register for public review. There is no minimum period for OMB's review.

DEA Resources on Emerging Threats Posed by Nitazenes and Bromazolam



The Drug Enforcement Administration (DEA) recently released two new publications to help raise awareness among the public of the emerging threat posed by the increase of nitazenes and bromazolam found in illicit drugs entering the U.S. Nitazenes are synthetic opioids that can match or even surpass the potency of fentanyl, and bromazolam is most commonly used as an active ingredient in counterfeit Xanax tablets, both of which are on the rise. The two resources provide background on the substances, the risks associated with their presence in the drug supply, and their growth across the U.S. Specifically, the two resources include:

- [DEA State and Territory Report on Enduring and Emerging Threats \(STREET\): Nitazenes: An Emerging Threat of a Diverse Group of Synthetic Opioids](#)
- [DEA Bulletin: Bromazolam: An Uncontrolled Benzodiazepine is Frequently Bought from Foreign Websites for Use in Counterfeit Pills](#)

DEA's press release announcing the release of the two resources can be found [here](#).

Research Roundup

Study Evaluates Buprenorphine Treatment for Opioid Use Disorder in Non-Addiction Specialty Settings

A group of university researchers recently published a study in *JAMA Network Open* on [Buprenorphine Treatment for Opioid Use Disorder in Non-Addiction Specialty Settings](#). The study utilized data from electronic health records from the Corporate Data Warehouse on buprenorphine medication for opioid use disorder (MOUD) prescribing in Department of Veterans Affairs (VA) facilities by setting, including substance use disorder (SUD), primary care, mental health, and pain clinics, from January 2016 to December 2024 to determine rates of buprenorphine MOUD prescribing in non-addiction settings. Specifically, the study found that, between 2016 and 2024, SUD settings provided the most buprenorphine MOUD prescriptions and initiations annually, despite their share decreasing from 78.5% in 2016 to 63.5% in 2024 and from 73.1% to 56.2%, respectively. Other key findings include:

- “Between 2016 and 2024, we identified 1,786,533 buprenorphine MOUD prescriptions for 46,267 veterans, 28,921 of which were initiations.
- In this study, provision of buprenorphine MOUD rapidly shifted toward primary care, mental health, and pain settings from SUD settings and greater shifts were observed in VA facilities participating in the Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) Initiative.
 - In SCOUTT facilities, the percentage of buprenorphine MOUD prescriptions from primary care, mental health, and pain settings was 16.6% in 2016 and 44.1% in 2024.
 - In non-SCOUTT facilities, these percentages were 23.2% in 2016 and 33.9% in 2024.
- The mean yearly percentage-point change was greater in SCOUTT facilities than non-SCOUTT facilities (3.8 vs 1.4).
 - Similar trends were observed for buprenorphine MOUD initiations (3.9 vs 2.1)."

The authors call for the expansion of provision of buprenorphine MOUD in non-addiction specialty settings to increase reach in commonly used health care touchpoints and reduce barriers to access found in addiction specialty settings.

Webinars to Watch

Great Lakes PTTC Webinar: Reducing Risk Factors for Youth Substance Misuse on the Road to Prevention Success



The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded [Great Lakes Prevention Technology Transfer Center \(PTTC\)](#) is hosting a webinar on [Reducing Risk Factors for Youth Substance Misuse on the Road to Prevention Success](#). This no-cost webinar is on December 2, at 11:00 am ET. The webinar is intended to outline the risk factors that make youth a higher risk for substance misuse and strategies targeted at the youth population to reduce the likelihood of substance use. Specifically, the webinar will review risk factors for youth substance misuse identified through a systematic review of research literature, as well as specific interventions to address each of those risk factors to prevent/reduce the onset of substance use, misuse, and substance use disorder (SUD). Learning objectives include:

- “Describe the importance of focusing on both increasing protective factors and decreasing protective factors
- List the criteria used to identify factors that place youth at greater risk of substance misuse
- Understand the nuances that exist for each risk factor
- Put the risk factor framework into action in their communities”

Certificates of attendance are available for participation in this webinar.

[Registration](#) is required.

Central East ATTC Webinar: Mental Illness as a Multi-layered Risk Factor for Substance Use Disorder (SUD)

The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded [Central East Addiction Technology Transfer Center \(ATTC\)](#) is hosting a webinar on [Mental Illness as a Multi-layered Risk Factor for Substance Use Disorder \(SUD\)](#). This no-cost webinar is on December 4 at 10:00 am ET. The webinar is designed to offer background on the intersection of mental health and substance use disorder (SUD) to help providers better predetermine how likely a person is to engage with substance use, how their mental health condition can impact their ability to discontinue use, and the influence their mental health condition has on the severity of their SUD. Specifically, the webinar will highlight the neurobiological considerations related to substance misuse and SUD, as well as reflect on treatment efforts to address both mental health and SUD. Learning objectives include:

- “Recite the multiple ways and manners in which mental illness intersects with substance use disorder.
- Explain how this information can affect our treatment efforts and interventions.
- Relay at least 4 opportunities for improved responses or integration of strategies to mitigate the negative impact of mental illness on substance use treatment efforts.”

1.75 contact hours (certificate of attendance) are available for participation in this webinar.

[Registration](#) is required.

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