

Recovery Enhancement for Addiction Treatment Act (TREAT Act), S. 2645: *A Section-by-Section Analysis*

Sponsored by Sen. Markey (D-MA), Sen. Feinstein (D-CA), Sen. Rockefeller (D-WV), Sen. Brown (D-OH), and Sen. Hirono (D-HI)

Section 1: Short Title

This section identifies the bill as the “Recovery Enhancement for Addiction Treatment Act” or “TREAT Act” (S. 2645).

Section 2: Findings

This section lists a series of data findings that Congress has identified about opioid misuse and abuse. The findings include the scope of the problem, increases in overdoses, increases in emergency room visits for opioids, the benefits of medication-assisted treatment, the importance of comprehensive treatment services in addition to the use of medications, and the effectiveness and limited accessibility of office-based buprenorphine treatment.

Section 3: Expansion of Patient Limits under Waiver

This section outlines changes to how current statute regulates buprenorphine prescribing. Current statute requires physicians who want to prescribe buprenorphine to register with the Drug Enforcement Agency (DEA), apply for a waiver (if they meet certain conditions), and prescribe to a certain number of patients. S. 2645 would expand who can prescribe buprenorphine and how many patients each prescriber can treat, but would not alter the DEA registration requirement.

Qualified Prescribers:

- *Current Statute:* Physicians only.
- *Proposed Changes:* The changes would expand buprenorphine prescribers to include some mid-level practitioners under the umbrella term “qualifying practitioner.” Qualified practitioners would include nurse practitioners and physician assistants who meet the criteria defined below.

Patient Limit:

- *Current Statute:* In year one, physicians can prescribe to 30 patients. In year two and beyond, physicians may submit a request to have their limit raised to 100 patients.
- *Proposed Changes:* The changes would raise the initial patient limit (year one) from 30 to 100 patients. After one year, **some qualifying physicians** may submit a second request to treat an unlimited number of patients. Physicians will be eligible to have their limit removed if they are *one* of the following:
 - Certified in addiction psychiatry or addiction medicine (as defined below) and if they agree to participate in the State’s prescription drug monitoring program (PDMP) or
 - A non-addiction specialist who has completed 24 hours of training, if they agree to participate in the State’s PDMP, and if they practice in a “qualified practice setting” as defined below.

Section 4: Definitions

This section provides definitions of the terms used, outlining the requirements for prescribers and clinical settings.

The term “**qualifying practitioner**” must be *one* of the following.

A **physician** who meets *one* of the following criteria:

- Certified in addiction psychiatry by the American Board of Medical Specialties or certified in addiction medicine by the American Society of Addiction Medicine, American Osteopathic Association, or American Board of Addiction Medicine;
- Completed at least 8 hours of training that has been approved by the Secretary of the U.S. Department of Health and Human Services (HHS);
- Participated as an investigator in one or more clinical trials that led to the approval of a narcotic drug for maintenance or detoxification treatment; or
- Completed “such other training or experience as the Secretary [of HHS] determines will demonstrate the ability of the physician to treat and manage opiate-dependent patients.”

A State licensed **nurse practitioner** or **physician assistant** who meets *all* of the following criteria:

- Licensed under State law to prescribe schedule III, IV, or V medications for pain;
- Practices under the supervision of a licensed physician (physician must be certified in addiction psychiatry or addiction medicine as defined above or practice in a qualified practice setting) with an active waiver to prescribe narcotic medications for opioid use disorders; and
- Satisfies *one* of the following:
 - Completed not fewer than 24 hours of training provided by organizations deemed appropriate by the HHS Secretary or
 - Completed other training or has other experience that the HHS Secretary identifies.

A State licensed **nurse practitioner** who meets *all* of the following criteria:

- Licensed under State law to prescribe schedule III, IV, or V medications for pain;
- Has training or experience that the HHS Secretary determines shows specialization, such as a certification in addiction nursing;
- Prescribes opioid maintenance medications in collaboration with a physician who is waived to prescribe narcotic medications for opioid use disorder therapy, as allowed by State law; and
- Practices in a qualified practice setting.

The term “**qualified practice setting**” is *one or more* of the following settings:

- A patient-centered medical home or patient-centered specialty practice recognized by the National Committee for Quality Assurance (NCQA);
- An accountable care organization (ACO) recognized by the Centers for Medicaid and Medicare Services (CMS);
- A clinical facility administered by the Department of Veteran’s Affairs (VA), Department of Defense (DOD), or Indian Health Service (IHS);
- A behavioral health home accredited by the Joint Commission;
- A federally qualified health center (FQHC) or FQHC look-alike;
- An opioid treatment program (OTP) certified by the Substance Abuse and Mental Health Services Administration (SAMHSA);
- A clinical program of a State/federal jail, prison, or other incarceration facility;
- A clinic that complies with the Model Policy in DATA 2000 and Treatment of Opioid Addiction in the Medical Office issued by the Federation of State Medical Boards;
- Part of an accredited residency or fellowship training program;
- Any practice setting that has been approved by a State regulatory board or Medicaid plan to provide substance use disorder treatment services; and/or
- Any practice setting approved by the HHS Secretary.

Section 5: GAO Evaluation

This section describes a requirement that the Government Accountability Office (GAO) conduct an evaluation of the effectiveness of the Act two years after passage. The evaluation will examine changes in the:

- Availability and use of medication-assisted treatment for opioid use disorders;
- Quality of medication-assisted treatment programs;
- Integration of medication-assisted treatment with primary care and other physical health settings;
- Diversion of opioid use disorder treatment medications;
- Changes in State or local policies and legislation relating to treatments for opioid use disorders;
- Use of nurse practitioners and physician assistants to prescribe opioid use disorder treatment medications;
- Use of PDMPs by qualified practitioners to maximize patient safety and prevent diversion of treatment medications;
- Findings of Drug Enforcement Agency (DEA) inspections of qualified practitioners, including the frequency that the DEA finds no documentation showing that patients have access to additional behavioral health services; and
- Effectiveness of cross-agency collaboration between HHS and DEA for expanding medication-assisted treatment.