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D.C. Update: NASADAD releases overview of buprenorphine patient limits, Dr. McCance-Katz blogs about increasing suicide rate in the U.S., and more

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News from NASADAD

NASADAD releases overview of buprenorphine patient limits

NASADAD has released an [overview of buprenorphine patient limits](#), offering a brief review of who can prescribe buprenorphine for the treatment of opioid use disorders and how many patients a qualifying practitioner can treat.

The overview includes a history of the issue, beginning with the Drug Addiction Treatment Act (DATA) of 2000, which permits physicians who meet certain qualifications to treat opioid use disorders with FDA-approved medications in treatment settings other than opioid treatment programs (OTPs). The document reviews the 2016 final rule on MAT for Opioid Use Disorders, which allows eligible physicians to request approval to treat up to 275 patients after prescribing at the 100-patient limit for one year. The overview also describes the impact of the Comprehensive Addiction and Recovery Act of 2016 and the SUPPORT Act of 2018, which both expanded the definition of a “qualifying other practitioner” who can prescribe buprenorphine to include nurse practitioners and physician assistants (CARA), as well as clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives (SUPPORT).

The overview includes the current status of who can be considered a “qualifying practitioner”. If

they meet certain criteria (e.g., 8 hours of training for physicians, 24 hours of training for NPs, PAs, CNSs, CRNAs, and CNMs), the following types of practitioners can apply for a DATA waiver in order to offer MAT: physicians (including osteopathic and allopathic doctors); nurse practitioners; physician assistants; clinical nurse specialists; certified registered nurse anesthetists; and certified nurse midwives.

Additionally, the overview summarizes the current maximum patient limit for physicians: Qualifying physicians can treat 100 patients in the first year if they meet the criteria outlined in the SUPPORT Act, and 275 after one year of prescribing at the 100-patient limit. If a physician does not meet the criteria to treat 100 patients in the first year, they would have to prescribe at the 30-patient limit for one year before requesting an increase to 100 patients, and then treat at the 100-patient limit for one year before requesting an increase to 275 patients.

BUPRENORPHINE PATIENT LIMITS: HISTORY AND OVERVIEW

What are buprenorphine patient limits?

Buprenorphine (or "bupe") is a partial agonist medication used to treat opioid use disorder (OUD). Practitioners who can prescribe buprenorphine to patients for the treatment of OUDs are limited to a certain number of patients at any given time.

DATA 2000

The Drug Addiction Treatment Act of 2000 (DATA 2000) permits physicians who meet certain qualifications to treat OUD with FDA-approved narcotic medications in treatment settings other than opioid treatment programs (OTPs), such as office-based treatment settings.

The legislation waives the requirement for obtaining a separate Drug Enforcement Administration (DEA) registration as an OTP for qualified physicians to prescribe FDA-approved Schedule III, IV, and V medications for OUD treatment.



HISTORY OF PATIENT LIMITS

After passage of DATA 2000, waived physicians could treat 30 or 100 patients at any one time, dependent on individual authorization from SAMHSA's Center for Substance Abuse Treatment (CSAT). After one year of prescribing at the 30-patient limit, physicians could submit a second notification of the need and intent to increase the patient limit from 30 patients up to 100 patients.

EVALUATION OF THE DATA 2000 WAIVER PROGRAM

Results from a 2005 congressionally mandated evaluation study of the DATA 2000 waiver program found that: the waiver program increased the availability of medication-assisted treatment (MAT) for OUD; treatment provided under the waiver program has been safe and effective; and the 30-patient limit on physicians, as well as continuing cost and reimbursement issues, have dampened the full potential of buprenorphine to improve access to treatment.



COMPREHENSIVE ADDICTION & RECOVERY ACT OF 2016

Section 303 of the Comprehensive Addiction and Recovery Act (CARA) of 2016 (P.L. 114-198) expanded the definition of a "qualifying other practitioner" beyond physicians to include nurse practitioners (NPs) and physician assistants (PAs) who meet certain criteria. Although Congress considered raising the patient limit in CARA, ultimately lawmakers did not amend it, and instead noted in the legislation that the Secretary of HHS may change the patient limit by regulation.

RAISING THE CAP BY REGULATION

In July 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) released its final rule on MAT for Opioid Use Disorders, which allows eligible physicians to request approval to treat up to 275 patients after prescribing at the 100-patient limit for one year and meeting other criteria. The final rule allows for physicians with a 100-patient waiver who are not otherwise eligible for a 275-patient waiver to request a temporary increase to treat up to 275 patients for up to 6 months in an emergency situation.

 **NASADAD** National Association of State Alcohol and Drug Abuse Directors

Federal Funding

SAMHSA releases FOA for Strategic Prevention Framework-Partnerships for Success (SPF-PFS)

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a [funding opportunity announcement \(FOA\) for the Strategic Prevention Framework - Partnerships for Success \(SPF-PFS\) grants](#). The purpose of this grant program is to prevent the onset and reduce the progression of substance use, while strengthening prevention capacity and infrastructure at the community level. The program is intended to address underage drinking among 9 to 20 year-old youth. At their discretion, grant recipients may also use grant funds to target up to two additional, data-driven substance use prevention priorities, such as the use of marijuana, cocaine, opioids, or methamphetamine, etc.

SAMHSA accepting applications for Targeted Capacity Expansion-Special Projects grant program

The Substance Abuse and Mental Health Services Administration (SAMHSA) is currently accepting applications for its [Targeted Capacity Expansion: Special Projects \(TCE-Special Projects\) grant program](#). The purpose of this program is to develop and implement targeted strategies for substance use disorder treatment provision to address a specific population or area of focus identified by the community. The purpose of the TCE program is to address an unmet need or underserved population; this program aims to enable a community to identify the specific need or population it wishes to address through the provision of evidence-based substance use disorder treatment and/or recovery support services. Eligible

by individuals ages 9 and above. SAMHSA plans to issue 127 grants of up to \$300,000 per year for up to 5 years. Eligible applicants are American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, or consortia of tribes or tribal organizations, and domestic public or private non-profit entities. Applications are due March 29, 2019.

applicants are domestic public and private nonprofit entities. SAMHSA plans to issue 22 grants of up to \$375,000 per year for up to 3 years. Applications are due on March 25, 2019.

News from the States



Gov. Scott of VT proposes new tax on vape products

Last week during his 2019 budget address, Governor Phil Scott of Vermont [announced](#) a new tax on vape products: "We all know the serious and harmful impact of our opioid crisis and with your help, we'll continue to address it. Today, I'd like to address another threat to public health. Between 2017 and 2018, 1.5 million more kids began using e-cigarettes and vape products across the nation. This is the biggest one-year spike of any substance in nearly 50 years... I think you all know it's not my

first instinct to add a tax, but with a growing health risk for our kids, I'm proposing to levy the same tax as we do on tobacco products. Let's learn from the past, let's not make the same mistakes with e-cigarettes or anything else. Our kids must know the dangers of these behaviors, and we should stop it in its tracks." The [tobacco tax](#) in Vermont is 92% of the wholesale price.

Around the Agencies

Assistant Secretary for Mental Health and Substance Use, Dr. McCance-Katz, blogs about increasing suicide rates in the U.S.

Assistant Secretary for Mental Health and Substance Use, Elinore McCance-Katz, MD, PhD, recently wrote a [blog post](#), "Suicide—And A Reflection On Our Changing American Society." In the blog post, Dr. McCance-Katz discusses the contributing factors to suicide, and what the government can do to address the growing public health issue. She highlights "deaths of despair," as well as suicide by drug overdose, which she describes as, "more common than we realize." She also reviews efforts at the federal level to address suicide, including SAMHSA's [National Suicide Prevention Lifeline](#). Dr. McCance-Katz notes the impact of increased social media and internet use on decreased social connectedness, which can have detrimental effects, but suggests that technology may play a positive role as a platform for therapeutic interactions for those in need of support.

In the News

Institute for Medicaid Innovation releases report, Innovations and Opportunities to Address Social Determinants of Health In Medicaid Managed Care

The Institute for Medicaid Innovation (IMI) recently released a [report](#), "Innovation Opportunities to Address Social Determinants of Health in Medicaid Managed Care", which examines the economic and social conditions that impact health outcomes in underserved populations. As described in a [press release](#), "the effects of these social determinants of health are most pronounced in the 70 million Americans covered by Medicaid." The IMI report highlights opportunities for the Medicaid program and its stakeholders, especially the managed care organizations (MCOs), to identify and address the social risk factors that can affect health outcomes of vulnerable populations. The report features case studies that showcase State-led initiatives that address social determinants of health.

Upcoming Events

Rx Summit to be held April 22-25 in Atlanta, GA

The 2019 Rx Drug Abuse & Heroin Summit is the annual event for addressing the opioid crisis. Government officials, first responders, law enforcement personnel, clinicians, physicians, nurses, educators, public health and prevention officials, and families and people in recovery are represented and discuss solutions for addressing the opioid epidemic and healing our communities. The Rx Summit agenda is designed with timely and relevant information to address what is working in prevention, treatment, and law enforcement.

The 2019 Summit will be held at the Hyatt Regency in Atlanta, April 22–25. Visit the [Summit website](#) to explore the Summit's comprehensive curriculum spearheaded by field experts and leading organizations engaged in producing the nation's largest and most recognized conference addressing the opioid crisis.
