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D.C. Update: GAO report on Medicare Drug Monitoring Programs, latest news from the States, and more

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Around the Agencies

GAO report on Medicare Drug Monitoring Programs

The Government Accountability Office (GAO) recently released a report, "[Voluntary Medicare Drug Management Programs to Control Misuse](#)." The Comprehensive Addiction and Recovery Act (CARA) of 2016 authorized the Centers for Medicare and Medicaid Services (CMS) and Medicare plan sponsors to establish voluntary Drug Monitoring Programs (DMPs). DMPs aim to limit access to prescription drugs that can be easily misused, such as opioids, for Medicare beneficiaries who are identified as being at risk for prescription drug misuse. CARA included a provision for GAO to review DMPs under Medicare.

GAO's new report describes how Medicare identifies beneficiaries at risk of opioid misuse and addiction and how it is trying to reduce that risk. Additionally, GAO identified the factors that are likely to affect the success of Medicare DMPs. One of the factors includes communication among plan sponsors, opioid prescribers, and pharmacies dispensing opioids to reduce resistance to participating in DMPs by opioid prescribers or beneficiaries.

NIAAA finds that gradually more intensive treatment for alcohol use disorder in those with HIV improves both alcohol- and HIV-related outcomes

A study funded by the National Institute of Alcohol Abuse and Alcoholism (NIAAA) has found that gradually increasing the intensity of treatment for alcohol use disorder (AUD) over time improves alcohol-related outcomes among people with

HIV. This gradual approach to AUD treatment also improves HIV-related outcomes in this population. A report of the new study, led by researchers at Yale University, is now online in *The Lancet HIV*.

As described in a [press release](#), researchers investigated integrated stepped alcohol treatment (ISAT), which is an approach that involves consecutive steps of increased AUD treatment intensity if lower intensity treatment does not produce desired results. In the study, those in the ISAT group started their AUD treatment with an on-site addiction psychiatrist, focusing on the use of medications for AUD. If that step did not stop heavy drinking, the next step included the addition of a behavioral intervention focused on increasing motivation and alternative coping skills. Patients who still continued to engage in heavy drinking were advanced to the final step of referral to specialty addiction treatment - such as intensive outpatient treatment or residential treatment. Patients in the control group received treatment as usual, which included alcohol screening, brief intervention, and referral to specialty addiction treatment (SBIRT).

At 12-month follow-up, participants in the ISAT group reported having fewer drinks per drinking day than people in the control group and a greater percentage of days abstinent. Additionally, as described by lead author, E. Jennifer Edelman, M.D., M.H.S., associate professor of medicine at Yale School of Medicine, "We also observed that participants randomized to stepped AUD treatment were more likely to achieve an undetectable HIV viral load," said Dr. Edelman. "We believe that with decreased alcohol consumption, participants in the ISAT group were more likely to take their HIV medications consistently, translating into improved HIV viral control."

In the press release, Dr. George Koob, Director of NIAAA, stated that, "These research findings demonstrate the potential of integrated treatment for AUD and HIV in improving health outcomes. Moreover, it underscores the importance of integrating treatment for alcohol problems into mainstream health care."

HHS seeking nominations for Interdepartmental Substance Use Disorders Coordinating Committee members

Section 7022 of the [SUPPORT for Patients and Communities Act of 2018](#) established an [Interdepartmental Substance Use Disorders Coordinating Committee](#) to coordinate federal activities related to substance use disorders. The Committee will be comprised of both federal and non-federal members who are substance use disorder experts. Last week, the Department of Health and Human Services (HHS), in coordination with the Office of National Drug Control Policy (ONDCP), announced that it is seeking nominations for non-federal committee members.

Non-Federal members will include:

- Individuals who have received treatment for a diagnosis of substance use disorder (SUD);
- Directors of State alcohol and drug agencies;
- Representatives of leading research, advocacy or service organizations for individuals with SUDs;
- Physicians, licensed mental health professionals, advance practice registered nurses, or physician assistants with experience in treating individuals with SUDs;
- SUD treatment professionals who provide treatment services at certified opioid treatment programs;
- SUD treatment professionals who have research or clinical experience in working with racial and ethnic minority populations;
- SUD disorder treatment professionals who has research or clinical mental health experience in working with medically underserved populations;
- State-certified SUD peer support specialist;
- Drug court judge or judge with experience in adjudicating cases related to SUD;
- Public safety officer with extensive experience in interacting with adults

with a SUD; and

- Individuals with experience providing services for homeless individuals with a SUD.

Details on how to nominate someone to serve on the Committee can be found on the [Federal Register](#). Nominations are due by June 14, 2019.

News from NASADAD

32nd annual NPN Conference registration is open

The annual National Prevention Network (NPN) conference will be held August 27-29, 2019 at the Hilton Chicago. The conference is 3 days, complete with keynotes, breakouts, and networking opportunities. The conference theme for 2019 is "Building on Evidence-Based Prevention to Connect Communities." The purpose of the NPN Conference is to highlight the latest research in the substance use prevention field. It provides a forum for prevention professionals, coalition leaders, researchers, and federal partners to share research, best practices, and promising evaluation results for the purpose of integrating research into prevention practice. Learn more and register for the conference [here](#).



News from the States

NY Gov. Cuomo announces federal funding to increase access to MAT in emergency departments and primary care clinics

Last week, New York Governor Andrew Cuomo [announced](#) \$5.25 million in funding from the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to expand access to medication-assisted treatment (MAT) in hospital emergency departments and primary care clinics throughout the State. Specifically, OASAS has awarded \$3.5 million to provide MAT and related services in Federally Qualified Health Centers (FQHCs) and \$1.75 million to facilitate buprenorphine induction in hospital emergency departments. These funds are from the State Opioid Response grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

In a press release, OASAS Commissioner and Vice President of NASADAD, Arlene González-Sánchez, stated that, "Access to the appropriate treatment is life-changing and critical in achieving recovery. These awards will expand access to important care and enable those who are fighting addiction to receive the medication needed to help them succeed and live happy and productive lives."

Gov. Wolf of PA announces \$5 million for loan repayment program for health care practitioners who treat SUD

On May 15, 2019, Governor Tom Wolf of Pennsylvania [announced](#) that the State will allocate \$5 million in federal funding to a loan repayment program for health care practitioners providing medical care and substance use disorder treatment in areas with high rates of opioid use and a shortage of health care practitioners. This is an effort to incentivize health care professionals to practice in underserved areas.

Under this program, practitioners are required to have already served two years treating substance use disorders, and are obligated to commit to at least two additional years at a substance use disorder approved site. This new program, funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA), complements Pennsylvania's existing loan repayment program, which is for primary care physicians.

Secretary of the Department of Drug and Alcohol Programs (DDAP), Jennifer Smith, serves as the NASADAD member for the State of Pennsylvania.

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