AN UPDATE ON FEDERAL POLICY IMPACTING SUBSTANCE USE DISORDERS

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NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS (NASADAD)

ADDICTION MEDICINE CONFERENCE APRIL 9, 2021



OVERVIEW OF NASADAD

- NASADAD's mission is to promote effective and efficient publicly funded State substance use disorder prevention, treatment, and recovery systems.
- Office in Washington, D.C.
 - Research and Program Applications Department
 - Research Department houses component groups: prevention, treatment, women's services, and SOTAs
 - Public Policy Department
- Governed by Board of Directors
 - Cassandra Price (GA), President
 - Mark Stringer (MO), Public Policy Committee Chair
- North Carolina Member: Kody Kinsley, Deputy Secretary for Behavioral Health & Intellectual and Developmental Disabilities at NC DHHS

PLACEMENT AND ROLE OF STATE ALCOHOL & DRUG AGENCIES

Placement in State government varies: May be Departments of Health, Human Services, Social Services, some Cabinet Level

Develop annual **State plans**to provide prevention,
treatment, and recovery
services

Ensure service effectiveness, quality, improvement and coordination of programming Collaborate with other State agencies, NGOs and sectors representing child welfare; housing; criminal justice; primary care/medical system; transportation; job training/placement, etc.

Represent key link to substance use disorder program/provider/recovery community

Convene stakeholder meetings

Manage the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant

Manage STR Grant and SOR Grant

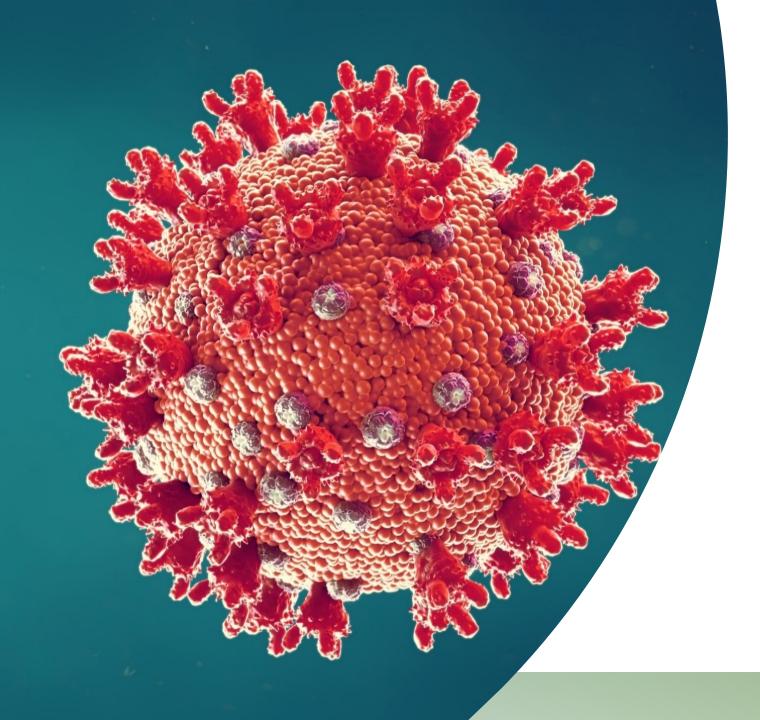






SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT

- \$1.8 billion formula grant administered by SAMHSA
- Supports treatment for 2 million
 Americans per year
- 20 percent set-aside for primary prevention
- Flexible program that allows each State to direct resources for prevention, treatment, and recovery to meet their own needs
- Infrastructure for efficient and effective management and allocation of funds



SUBSTANCE USE DURING THE PANDEMIC

IMPACT OF COVID-19: INCREASES IN SUBSTANCE

Substance use:

- Fentanyl use has increased 32%
- Methamphetamine use increased by 20%
- Heroin use increased by 13%
- Cocaine use increased by 10%
- Alcohol sales in retail stores increased by 21% compared to the same period in 2019
- Alcohol sales online increased by 234% compared to the same period in 2019

Overdoses increased up 42% per month during the pandemic as compared to the same months in 2019

- Overdose deaths involving synthetic opioids increased 38% from the 12-month period leading up to June
 2019 compared with the 12-month period leading up to May 2020
- Overdose deaths involving cocaine increased by 27%
- Overdose deaths involving psychostimulants, such as methamphetamine, increased by 35%

THE PANDEMIC CREATES UNIQUE CHALLENGES TO STATE SUBSTANCE USE DISORDER SYSTEMS

Stay-at-home orders and social distancing requirements decreased inperson access to services across the continuum of prevention, treatment, and recovery

Reduced census in programs impacted financial viability of providers

Need to purchase PPE and rearrange facilities in order to ensure clients' and staff members' safety

Barriers to warm-handoff protocols

Access to medications for those receiving medication assisted treatment (MAT)

STATE ALCOHOL AND DRUG AGENCIES ADAPTED

- Assisting providers support teletreatment, prevention and recovery programs and services
- Helping providers address financial difficulties
- Offering free PPE to providers
- Distributing Naloxone
- Supporting hotlines
- Supporting services targeted towards healthcare professionals
- ...and more

TELEHEALTH SERVICES: THEMES ACROSS THE STATES

Positive effects

- Helps overcome barriers to care, such as the need for childcare and lack of transportation
- Fewer missed appointments
- Provider has a better sense of patient's home life
- Easier scheduling for clients who work during the day
- Ease of access to medication-assisted treatment for new patients
- Increased ability to work with other supportive staff (i.e., social worker, peer) within a program since it does not require an additional in-person visit to the clinic (such as social worker or peer)
- Increases in family engagement

Challenges

- Body language and emotional responses are difficult to determine on an audioonly phone call or telehealth call
- Internet issues/computer issues frustrate communication at times
- Distractions (i.e., children, pets, televisions, etc.)
- Some clients are not comfortable with the use of telehealth to provide services and prefer in-person appointments

PROVIDER SURVEY RESULTS: PROVIDE MISSOURI (MAY 2020)

- 92 percent of staff completely agree or somewhat agree that telehealth services have supported improving access to treatment for patients in need of services
- 83 percent of staff completely agree or somewhat agree that patients are engaged and report having a good experience with telehealth services
- Nearly half of staff (45 percent) surveyed felt there was a decrease in time from initial contact with an agency to the first day of service due to availability of telehealth
- 82 percent cited lack of access to needed technology/internet as a challenge
- 69 percent cited costs associated with a transition to tele-services

ILLINOIS PROVIDER SURVEY (FEB.2021)

Data collected by Family
Guidance Centers Inc. from
June 12 – December 15, 2020
from 1,914 patients receiving
outpatient methadone
treatment

- 98.1 percent aid that their phone sessions were helpful to their recovery
- 88.7 percent said the phone sessions they have had were as helpful as in-person, face-to-face sessions
- 252 patients cited "convenience" as the top benefit of phone sessions while 196 patients said they liked not having to come into the clinic as often
- 95 patients said they missed seeing their counselors as their top concern while
 77 patients said they preferred in-patient sessions

MARYLAND: ACTION ON OVERDOSE AND TARGETED POPULATIONS

- In addition to the <u>Opioid Operational Command Center</u> (OOCC), created Multi-Agency Opioid Overdose Prevention Strategy Team (5/2020)
- Created Opioid Overdose Death Spike Surveillance Tool
- Collaboration with Department of Public Safety and Correctional Services to ensure released individuals are connected to services
- Outreach to the construction industry
 - Created materials specific to construction industry
 - Meetings with construction industry leaders

PENNSYLVANIA: VIRTUAL CONNECTION TO RECOVERY SUPPORT SPECIALISTS

- Certified Recovery Specialists (CRSs) visit overdose patients in the hospital, counsel them, and develop a trusted relationship that can make them feel more comfortable seeking treatment
- Because of pandemic, these important in-person interactions are limited
- Some hospitals have transitioned to using devices (e.g., iPads equipped with FaceTime) to connect CRSs to patients

MISSOURI: TARGETING HEALTHCARE PROFESSIONALS

- First Responder Provider Network—a network of licensed SUD/MH professionals—offers free services for healthcare professionals impacted by COVID-19.
- Services are offered via telehealth.



ARE YOU A HEALTHCARE PROFESSIONAL IMPACTED BY COVID-19?

The Missouri First Responder Provider Network of licensed mental health professionals is offering <u>free</u> behavioral health services for healthcare professionals (doctors, nurses, respiratory therapists, social workers, counselors, CNAs, etc.) who have been impacted by COVID-19. Services are conveniently offered via telehealth and are 100% confidential Visit https://www.missouricit.org/first-responders to find a provider.



This project is a partnership of the MO Department of Mental Health, the MO Coalition for Community Behavioral Healthcare, the MO First Responders Network, and the Substance Abuse and Mental Health Service Administration.

ACTIONS AT THE FEDERAL LEVEL

Congress

- December 2020 COVID-19 relief package included \$1.65 billion in supplemental funding for the Substance Abuse Prevention and Treatment Block Grant
- Latest House-passed relief package includes \$1.75 billion for SAPT Block Grant and would allow States until Sept. 2025 to use those supplemental funds

Substance Abuse & Mental Health Services Administration (SAMHSA)

Led by Acting Assistant Secretary Tom Coderre

- Has maintained regular communication with SSAs
- Offered guidance on a variety of issues, including:
- Considerations for outpatient mental and substance use disorder treatment settings
- >Methadone take-homes
- >OTP patients quarantined at home with the coronavirus

White House Office of National Drug Control Policy (ONDCP)

Led by Acting Director Regina LaBelle

- Letter affirming treatment of SUD is an essential medical service
- Maintained regular contact with SSAs

FEDERAL FUNDING TO ADDRESS SUBSTANCE USE DISORDERS

Overview of Recent Funding for the Substance Abuse Prevention and Treatment (SAPT) Block Grant

There have been three recent investments in the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) Block Grant. We offer an overview and details below.

Consolidated Appropriations Act: In December 2020, Congress approved and President Trump signed the Consolidated Appropriations Act of 2021 (P.L. 116-260). The law includes, among many provisions, two separate investments in the SAPT Block Grant: \$1.858 billion though the annual or "regular" FY 2021 appropriations process and \$1.65 billion in supplemental funding provided as part of the law's section dedicated to COVID-19 relief.

The American Rescue Plan: In March 2021, Congress approved and President Biden signed the American Rescue Plan Act of 2021 (P.L. 117–2). The law includes an additional separate allotment in the SAPT Block Grant: \$1.5 billion in longer term supplemental funding for the SAPT Block Grant.

Annual FY 2021 Appropriations as part of Consolidated Appropriations Act (December 2020)

- Total appropriation: \$1.858 billion
- No changes to requirements under the existing statute: Maintains requirements governing the existing setasides.
- Flexibility in allowable uses: There is no flexibility in allowable use funds for this allocation to the SAPT Block Grant.
- Application due date: As identified in the SAPT Block Grant application.
- Timeline: States have until September 30, 2022 to spend these funds.



Supplemental Funding as part of Consolidated Appropriations Act (December 2020)

- Total appropriation: \$1.65 billion
- No changes to requirements under the existing statute:
 Maintains requirements governing the existing set-asides.
 - Flexibility in allowable uses: Final legislative text says SAMHSA
 "... shall maintain the 20 percent set-aside for prevention, but
 may waive requirements with respect to allowable activities,
 timelines, or reporting requirements for the Substance Abuse
 Prevention and Treatment Block Grant... as deemed necessary
 to facilitate a grantee's response to coronavirus."
- Allowable uses of the supplemental funds: On March 11, 2021, SAMHSA sent a letter to State alcohol and drug agencies with some suggested considerations for these supplemental SAPT Block Grant funds.
- Application due date: April 5, 2021
- Timeline: States have until March 14, 2023 to spend these funds.
- Award amounts by State: SAMHSA released a list of award amounts by State for these supplemental funds: www.samhsa.gov/grants/block-grants/sabg-covid-fy21

Supplemental Funding as part of the American Rescue Plan Act (March 2021)

- Total appropriation: \$1.5 billion
- No changes to requirements under the existing statute: Maintains requirements governing the existing set-asides.
- Flexibility in allowable uses: There is no flexibility in allowable use of funds for this allocation to the SAPT Block Grant.
- Application due date: To be determined.
- Timeline: Allows States until September 30, 2025 to spend these supplemental funds. As noted above, the application due date is to be determined.



FY 2021
"REGULAR"
APPROPRIATIONS:
FINAL FUNDING
LEVELS



FINAL FY 2021 FUNDING LEVELS FOR PROGRAMS WITHIN THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

Substance Abuse Prevention and Treatment (SAPT) Block Grant

| Program | FY 2019 | FY 2020 | President's FY 2021 Request | House FY 21 Recommendation | Senate FY 21 Recommendation | Final FY 2021 Appropriations | FY 2021 vs. FY 2020 |
|------------------|-----------------|-----------------|--------------------------------|-------------------------------|-----------------------------|------------------------------|---------------------|
| SAPT Block Grant | \$1,858,079,000 | \$1,858,079,000 | \$1,858,079,000 | \$1,858,079,000 | \$1,858,079,000 | \$1,858,079,000 | Level |

Additional Opioids Allocation

| Program | FY 2019 | FY 2020 | President's FY 2021 Request | House FY 21 Recommendation | Senate FY 21 Recommendation | Final FY 2021 Appropriations | FY 2021 vs FY 2020 |
|---|-----------------|-----------------|-----------------------------|-------------------------------|--------------------------------|---------------------------------|--------------------|
| State Targeted Response (STR) to the Opioid Crisis Grants | Not funded | Not funded | Not funded | Not funded | Not funded | Not funded | N/A |
| State Opioid Response (SOR) Grants | \$1,500,000,000 | \$1,500,000,000 | \$1,585,000,000 | \$1,500,000,000 | \$1,500,000,000 | \$1,500,000,000 | Level |

APPROPRIATIONS FOR SAMHSA'S CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)

| Program | FY 19 | FY 2020 | President's FY 2021 Request | | Senate FY 21 Recommendation | Final FY 2021 Appropriations | FY 2021 vs FY 2020 |
|---|---------------|---------------|--------------------------------|-------------------------|-----------------------------|---------------------------------|--------------------|
| CSAT PRNS TOTAL | \$458,677,000 | \$479,677,000 | \$364,677,000 | \$489,677,000 | \$499,677,000 | \$496,677,000 | +\$17,000,000 |
| Addiction Technology Transfer Centers (ATTCs) | \$9,046,000 | \$9,046,000 | \$9,046,000 | \$9,046,000 | \$9,046,000 | \$9,046,000 | Level |
| Building Communities of Recovery | \$6,000,000 | \$8,000,000 | \$8,000,000 | \$10,000,000 | \$10,000,000 | \$10,000,000 | +\$2,000,000 |
| Children and Families | \$29,605,000 | \$29,605,000 | \$29,605,000 | \$29,605,000 | \$29,605,000 | \$29,605,000 | Level |
| Comprehensive Opioid Recovery Centers | N/A | \$2,000,000 | \$2,000,000 within CMHS | \$2,000,000 within CMHS | \$4,000,000 | \$4,000,000 | +\$2,000,000 |
| Criminal Justice Activities | \$89,000,000 | \$89,000,000 | \$89,000,000 | \$89,000,000 | \$89,000,000 | \$89,000,000 | Level |
| Drug Courts | \$70,000,000 | \$70,000,000 | \$70,000,000 | \$70,000,000 | \$70,000,000 | \$70,000,000 | Level |
| Emergency Dept. Alternatives to Opioids | N/A | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$7,000,000 | \$6,000,000 | +\$1,000,000 |
| First Responder Training* | \$36,000,000 | \$41,000,000 | \$41,000,000 | \$41,000,000 | \$44,000,000 | \$42,000,000 | +\$1,000,000 |
| Rural Focus* | \$18,000,000 | \$23,000,000 | \$23,000,000 | \$23,000,000 | \$24,000,000 | \$24,000,000 | +\$1,000,000 |
| Grants to Develop Curricula for DATA Act Waivers | N/A | N/A | \$4,000,000 | Not funded | Not funded | Not funded | N/A |
| Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths* | \$12,000,000 | \$12,000,000 | \$12,000,000 | \$12,000,000 | \$12,000,000 | \$12,000,000 | Level |
| Improving Access to Overdose Treatment | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | Level |
| Minority AIDS | \$65,570,000 | \$65,570,000 | \$65,570,000 | \$65,570,000 | \$65,570,000 | \$65,570,000 | Level |
| Minority Fellowship | \$4,789,000 | \$4,789,000 | \$4,789,000 | \$5,789,000 | \$5,789,000 | \$5,789,000 | +\$1,000,000 |
| Opioid Response Grants | N/A | N/A | N/A | \$3,000,000 | Not funded | \$3,000,000 | +\$3,000,000 |
| Opioid Treatment Programs/Regulatory Activities | \$8,724,000 | \$8,724,000 | \$8,724,000 | \$8,724,000 | \$8,724,000 | \$8,724,000 | Level |
| Peer Support Technical Assistance Center | N/A | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | Level |
| Pregnant and Postpartum Women (PPW) | \$29,931,000 | \$31,931,000 | \$31,931,000 | \$31,931,000 | \$33,931,000 | \$32,931,000 | +\$1,000,000 |
| Recovery Community Services Program | \$2,434,000 | \$2,434,000 | \$2,434,000 | \$2,434,000 | \$2,434,000 | \$2,434,000 | Level |
| SBIRT | \$30,000,000 | \$30,000,000 | Not funded | \$30,000,000 | \$30,000,000 | \$30,000,000 | Level |
| Targeted Capacity Expansion (TCE) General | \$100,192,000 | \$100,192,000 | \$11,192,000 | \$102,192,000 | \$106,192,000 | \$102,192,000 | +\$2,000,000 |
| MAT- PDOA | \$89,000,000 | \$89,000,000 | Not funded | \$91,000,000 | \$95,000,000 | \$91,000,000 | +\$2,000,000 |
| Treatment, Recovery, and Workforce Support | N/A | \$4,000,000 | \$4,000,000 | \$4,000,000 | \$6,000,000 | \$6,000,000 | +\$2,000,000 |
| Treatment Systems for Homeless | \$36,386,000 | \$36,386,000 | \$36,386,000 | \$36,386,000 | \$36,386,000 | \$36,386,000 | Level |

APPROPRIATIONS FOR SAMHSA'S CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)

| Program | FY 2019 | FY 2020 | President's FY 2021 Request | House FY 21 Recommendation | Senate FY 21 Recommendation | Final FY 2021 Appropriations | FY 2021 vs FY 2020 |
|---|---------------|---------------|--------------------------------|-------------------------------|--------------------------------|---------------------------------|--------------------|
| CSAP PRNS TOTAL | \$205,469,000 | \$206,469,000 | \$96,985,000 | \$209,469,000 | \$206,469,000 | \$208,219,000 | +\$1,750,000 |
| Center for the Application of Prevention Technologies (CAPT) | \$7,493,000 | \$7,493,000 | \$7,493,000 | \$7,493,000 | \$7,493,000 | \$7,493,000 | Level |
| Federal Drug-Free Workplace/Mandatory Drug Testing | \$4,894,000 | \$4,894,000 | \$4,894,000 | \$4,894,000 | \$4,894,000 | \$4,894,000 | Level |
| Minority AIDS | \$41,205,000 | \$41,205,000 | \$41,205,000 | \$41,205,000 | \$41,205,000 | \$41,205,000 | Level |
| Minority Fellowship | \$321,000 | \$321,000 | \$321,000 | \$321,000 | \$321,000 | \$321,000 | Level |
| Science and Service Program Coordination | \$4,072,000 | \$4,072,000 | \$4,072,000 | \$4,072,000 | \$4,072,000 | \$4,072,000 | Level |
| Sober Truth on Preventing Underage Drinking (STOP Act) | \$8,000,000 | \$9,000,000 | \$9,000,000 | \$10,000,000 | \$9,000,000 | \$10,000,000 | +\$1,000,000 |
| Strategic Prevention Framework-Partnerships for Success | \$119,484,000 | \$119,484,000 | \$10,000,000 | \$119,484,000 | \$119,484,000 | \$119,484,000 | Level |
| Strategic Prevention Framework Rx | \$10,000,000 | \$10,000,000 | \$10,000,000 | \$10,000,000 | \$10,000,000 | \$10,000,000 | Level |
| Tribal Behavioral Health Grants | \$20,000,000 | \$20,000,000 | \$20,000,000 | \$22,000,000 | \$20,000,000 | \$20,750,000 | +\$750,000 |

CONSOLIDATED APPROPRIATIONS ACT OF 2021: COVID-19 PROVISIONS

- SAPT Block Grant: \$1.65 billion
 - "… with respect to the amount appropriated under this heading in this Act the Substance Abuse and Mental Health Services Administration shall maintain the 20 percent set-aside for prevention, but may waive requirements with respect to allowable activities, timelines, or reporting requirements for the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant as deemed necessary to facilitate a grantee's response to coronavirus"
- Community Mental Health Services Block Grant: \$1.65 billion
- Certified Community Behavioral Health Clinics: \$600 million
- Suicide prevention: \$50 million
- Project AWARE to support school-based mental health for children:
 \$50 million
- Emergency grants to States: \$240 million
- National Child Traumatic Stress Network: \$10 million
- At least \$125 million of these SAMHSA funds must be allocated to tribes

ANOTHER COVID-19 PACKAGE

- In January, President Biden released the American Rescue Plan
 - Proposed \$4 billion for SUD/MH program within SAMHSA and HRSA
- In March 2021, lawmakers passed, and the President signed, the American Rescue Plan into law:
 - \$1.5 billion for SAPT Block Grant
 - Allows States until September 30th, 2025 to expend these resources
 - Does not include language on flexibility

OTHER SUD/MH PROVISIONS IN AMERICAN RESCUE PLAN PACKAGE

Substance Abuse and Mental Health Services Administration (SAMHSA)

- \$1.5 billion for SAPT BG and would allow until Sept. 30, 2025 for funds to be spent.
- \$1.5 billion for MH BG and would allow until Sept. 30, 2025 for funds to be spent.
- \$420 million for CCBHCs
- \$30 million for grants to "support community-based overdose prevention programs, syringe services programs, and other harm reduction services, with respect to harms of drug misuse that are exacerbated by the COVID–19 public health emergency."
- \$50 million grants to address "increased community behavioral health needs worsened by the COVID-19 public health emergency."
- \$30 million for Project AWARE
- \$20 million for Youth Suicide Prevention
- \$10 million for National Child Traumatic Stress Network

Health Resources and Services Administration (HRSA)

- \$80 million for grants to "...plan, develop, operate, or participate in health professions and nursing training activities for health care students, residents, professionals, paraprofessionals, trainees, and public safety officers, and employers of such individuals, in evidence-informed strategies for reducing and addressing suicide, burnout, and mental and behavioral health conditions (including substance use disorders) among health care professionals."
- \$40 million for grants to "entities providing health care" in order to "...establish, enhance, or expand evidence informed programs or protocols to promote mental and behavioral health among their providers, other personnel, and members."

Centers for Disease Control and Prevention (CDC)

• \$20 million for the CDC to "carry out a national evidence-based education and awareness campaign directed at health care professionals and first responders... to encourage primary prevention of mental and behavioral health conditions and secondary and tertiary prevention by encouraging health care professionals to seek support and treatment for their own behavioral health concerns"

BIDEN ADMINISTRATION: NEW LEADERSHIP



Secretary Xavier Becerra



Assistant Sec. for Health Rachel Levine



Surgeon General Vivek Murthy

HHS LEADERSHIP

SAMHSA LEADERSHIP

- Tom Coderre is serving as Acting Assistant Secretary for Mental Health and Substance Use
 - Permanent appointee has not been announced yet



ONDCP LEADERSHIP



- Regina LaBelle is serving as Acting Director
- Will assume role as Deputy Director once a permanent Director is nominated and confirmed

Other Appointees at ONDCP:

- Mario Moreno, who previously served as ONDCP's Press Secretary, will serve as Chief of Staff.
- Anne Sokolov, who most recently served as Chief of Staff to former Congressman Max Rose (D-NY), will assume the role of Associate Director of Legislative Affairs.
- Ariel Britt will serve as Associate Director of Outreach.
- Tom Hill will serve as a Senior Policy Analyst.
- Robert Kent will serve as General Counsel. Mr. Kent is the former General Counsel for the New York State Office of Addiction Services and Supports (OASAS).

BIDEN ADMINISTRATION: NEW DRUG POLICY PRIORITIES

BIDEN-HARRIS ADMINISTRATION STATEMENT ON DRUG POLICY PRIORITIES (APRIL 1, 2021)

Expanding access to evidence-based treatment

Advancing racial equity in our approach to drug policy

Enhancing evidencebased harm reduction efforts Supporting evidencebased prevention efforts to reduce youth substance use

Reducing the supply of illicit substances

Advancing recoveryready workplaces and expanding the addiction workforce

Expanding access to recovery support services

BIDEN ADMINISTRATION'S PLAN TO ADVANCE RACIAL EQUITY IN DRUG POLICY: MORE DETAILS

- Identify gaps in unmet needs of diverse populations
- Establish a research agenda to meet the needs of underserved communities
- Develop a drug budget that addresses the needs of diverse populations
- Establish an interagency working group on criminal justice reform
- Identify culturally competent and evidence-based practices for black, indigenous and people of color
- Promote integration of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care for providers of SUD services across the continuum

WHAT ABOUT THE FLEXIBILITIES PROVIDED DURING COVID?

Also taken from the Biden Administration's Statement on Priorities for Drug Policy:

- Urge extension of the Opioid Public Health Emergency declaration and identify actions that can be taken under public health authorities to expand access to care
- Evaluate and explore making permanent the emergency provisions implemented during the COVID-19 pandemic concerning MOUD authorizations, including allowing providers to begin treating patients with MOUD by telehealth without first requiring an in-person evaluation, as well as evaluating and ensuring the continuation of Medicaid and Medicare reimbursements for these telehealth services



CONTINUED INTEREST IN SUD POLICY

Congress will work to assess roll-out of policies and programs stemming from

- Comprehensive Addiction and Recovery Act (CARA) signed into law 2016
- 21st Century Cures Act signed into law in 2016
- The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act

Congress will be interested in progress linked to funds allocated for SUD programs in

- The FY 21 Consolidated Appropriations Act (cleared in December 2020)
- The American Rescue Plan (cleared in March 2021)

COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA) 3.0

- Sponsored by Senators Portman (R-OH), Whitehouse (D-R.I.), Capito (R-W.V.), Klobuchar (D-MN) and Shaheen (D-N.H.)
- Follows the work done in CARA first enacted in 2016
- Proposes:
 - A new program at SAMHSA's Center for Substance Abuse Prevention (CSAP) to provide State alcohol and drug agencies grants to support the development of prevention workforce
 - Prohibiting States from requiring prior authorization for medication assisted treatment (MAT) under Medicaid
 - Authorization of \$100 million the PPW Residential Treatment Services Program within SAMHSA/CSAT
 - Allowing a physician to prescribe MAT without applying for a DEA waiver
 - A number of other provisions...

Section-by-Section Overview: https://www.portman.senate.gov/sites/default/files/2021-03/3.25.21%20CARA%203.0%20Section%20By%20Section%20FINAL.pdf

CONTINUED DEBATE AND CONSIDERATIONS ABOUT THE "X WAIVER"

Capitol Hill

- Medication Access and Training Expansion (MATE) Act by Reps. Trahan (MA), Carter (R-GA), Trone (D-MD), McKinley (R-W.V.) and Kuster (D-N.H.)
- Mainstreaming Addiction Treatment (MAT) Act by Reps. Tonko (D-N.Y.), Delgado (D-N.Y.)

Biden Administration

• Announced a freeze on actions made by the previous Administration including the release of Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder"

QUESTIONS?

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