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D.C. Update: NASADAD Comments on NPRM 42 CFR Part 8, FDA Joint Meeting Endorses NARCAN For Over-The-Counter Use, New SAMHSA Funding Opportunities, and More.

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Meet the Member

Jodi Skiles, CNA, SCA, SOTA for Pennsylvania, Director of Program Licensure, Pennsylvania Department of Drug and Alcohol Programs

Jodi Skiles has led an accomplished career in the substance use disorder field in Pennsylvania for more than 40 years. Her work began as a nursing assistant in a detox unit and progressed to include working in multiple levels of care ranging from counselor to regional administrator.



Prior to joining the Pennsylvania Department of Drug and Alcohol Programs, or DDAP, Jodi worked in county government as a case manager and director of a county drug and alcohol office called a Single County Authority (SCA). Her experience with DDAP started as a drug and alcohol program supervisor, managing projects and initiatives as directed by the Secretary. She was promoted to Executive Assistant to the Deputy Secretary. In that role, she co-led the implementation and planning of a 24/7 addiction crisis line, a statewide initiative to help providers and case managers access referrals to appropriate services, as well as managing grants for veterans. Jodi also served as DDAP's Director for Treatment, Prevention, Intervention, and Specialty Grants and managed the agency's problem gambling division. As such, she managed multiple pilot projects integrating evidenced-based practices into systems in conjunction with Pennsylvania's SCAs, treatment providers, and behavioral health managed care organizations.

Jodi is currently the Director of Program Licensure. She leads DDAP's enforcement of regulation of approximately 800 licensed treatment programs with multiple levels of care in Pennsylvania. Jodi is also the State Opioid Treatment Authority (SOTA) for Pennsylvania responsible for opioid treatment oversight in the State. She earned her BA

NASADAD News

NASADAD Comments On NPRM 42 CFR Part 8

On December 13, 2022, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a [Notice of Proposed Rule Making \(NPRM\)](#) to revise the regulations governing the accreditation and operation of opioid treatment programs (OTPs), clinics that are specially authorized to use methadone as a treatment for opioid use disorder (OUD). These are the most significant revisions to these regulations since 2016, and reflect experience gained from waivers and exceptions granted during the Public Health Emergency, as well as a need to expand access to medication for opioid use disorders (MOUD) due to the ongoing rising epidemic of opioid overdose deaths. The proposed regulations underscore support for the provision of comprehensive individualized treatment services for individuals receiving treatment in OTPs.

To understand the potential impact of the NPRM, NASADAD worked with State Directors and the Opioid Treatment Network (OTN), a NASADAD component group of State Opioid Treatment Authorities (SOTAs). NASADAD staff hosted meetings with the OTN Executive Committee and the Board of Directors Policy Committee to develop a response to the proposed rule on behalf of the Association. The response was submitted on February 14, 2023.

Below are highlights of the proposed regulations and NASADAD's corresponding comments to the rule:

- NPRM proposal regarding take-home medications. Under the Public Health Emergency, SAMHSA issued guidance allowing states to permit considerable flexibility to OTPs in providing take-home medication to patients to reduce patient and staff exposure to COVID-19. These flexibilities allow less stable patients to take home up to 14 days of medication and more stable patients to take home up to 28 days of medication. The proposed regulations would allow up to seven days of take-home medication during the first 14 days of treatment, up to 14 days of take-home medication after the 15th day of treatment, and after 31 days of treatment, the patient could be allowed to take-home medication for 28 days.

NASADAD comments. NASADAD noted that the proposed schedule for take home medications is more liberal than the schedule permitted during the Public Health Emergency (PHE), and while the PHE flexibilities were evaluated regarding safety and efficacy, the proposed schedule has not been evaluated. NASADAD recommended, therefore, that each patient be evaluated for their ability to safely manage take home medications and that this evaluation be documented in the patient's clinical record.

- NPRM proposal regarding admission restrictions. The proposed regulations would remove both the requirement that a person be addicted at least one year before admission, and the prohibition against treating individuals under the age of 18 without two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a twelve-month period. The proposed regulations would replace these restrictions with requirements that are focused on medical assessments, and in the case of a person younger than 18 years of age, the proposed rule would require approval by a parent, guardian, or relevant state authority unless state law specifies that their approval is not needed.

NASADAD Comments. NASADAD strongly supported these changes, as they focus on specific needs of individual patients during a time of unprecedented risk of addiction or overdose.

- NPRM proposal regarding initiation of medication, screening and assessment. Under the proposed regulations, patients could begin utilizing

medication for opioid use disorder (MOUD) after a screening (before the assessment is completed), and both the screening and the assessment could be provided by a non-OTP practitioner, provided that the OTP practitioner verified the screening and assessment. The proposed regulations describe the elements that must be included in a screening or assessment, and under certain conditions, these could be provided by audio-visual telemedicine or by audio device.

NASADAD Comments. NASADAD shared a concern that non-OTP practitioners may lack necessary knowledge to adequately assess opioid use disorders. In addition, the OTP practitioner may not have reviewed outside screenings and assessments before initiating the medication. We noted that many of our members are actively working to enhance the knowledge of community providers, such as Federally Qualified Health Centers and emergency room bridge programs. NASADAD recommended that the final regulation include a requirement that the OTP Medical Director, or his qualified proxy, document in the clinical record that the written patient evaluation conducted by a non-OTP practitioner has been reviewed and approved within a reasonable time period after initiating medication.

NASADAD also expressed that using audio-only devices to screen new patients for MOUD should be the exception, and only allowed in situations where there is a lack of access to in-person or telehealth assessment. NASADAD recommended that these situations should be documented in the patient record and examples should be provided in the final regulations. In addition, NASADAD recommended that the written assessment be verified by the OTP Medical Director within a reasonable time of initiating medication.

Several definitions were added, eliminated, or revised, including the following:

- The proposed definition of Practitioner would include mid-level practitioners.
- The term medication-assisted treatment would be replaced by the term medication for opioid use disorder.
- The terms detoxification treatment, maintenance treatment, and opioid agonist treatment were eliminated.
- New terms proposed to be added include behavioral health services, care plan, continuous treatment, and harm reduction.

NASADAD Comments. NASADAD concurred with the changes to the definitions, with the exception of the addition of the term “behavioral health services,” which was defined very generally with no reference to substance use disorders or recovery support services in OTPs. NASADAD recommended that the final regulations include specific definitions for mental health services and substance use disorder services, and that recovery support services be included in these definitions.

In summary, NASADAD was pleased to provide input on these important proposed rule revisions and look forward to working with SAMHSA to implement the final rule.

NASADAD's further comments to this rule can be found [here](#).

NASADAD Workforce Special Update

NASADAD is working to elevate substance use disorder (SUD) workforce issues. One approach will include more detailed reporting on actions taken by the Administration and Capitol Hill on this issue as they occur. Below is a summary of a recent Senate hearing on healthcare workforce:

On February 16th, 2023, the Senate Committee on Health, Education, Labor and Pensions (HELP) held a hearing on [Examining Health Care Workforce Shortages: Where Do We Go From Here?](#) Committee Chairman Senator Bernie Sanders (I-VA) and Ranking Member Senator Bill Cassidy (R-LA) presided over the hearing, which included witnesses from various universities, medical colleges, and healthcare companies. The hearing primarily focused on nursing, loan repayment, equity, and rural areas especially. Key takeaway related to mental health and substance use disorder (SUD) workforce include:

- 158 million Americans, nearly half our population, live in areas without enough mental health and substance use care providers, including psychiatrists, psychologists, social workers, counselors, and SUD specialists- rural communities

and communities of color are far more likely to face mental health and SUD care shortages (COVID-19 has exacerbated this)

- America has a critical psychiatrist shortage and too great a demand to meet by training additional psychiatrists alone- investments need to be made in the full range of mental health and SUD services, from training more nurse practitioners to be psychiatric nurse practitioners, to credentials for undergraduates to work in the field
- Primary care providers need more training to recognize and make appropriate referrals to mental health and SUD professionals
- There is a significant need for dedicated retention efforts for mental health and SUD workforce
- Loan repayment and scholarships, such as through the National Health Services Corps and recently introduced bipartisan Mental Health Professionals Workforce Shortage Loan Repayment Act, desperately need more funding and should strategically target underserved areas

Chairman Sanders noted that mental health and SUD workforce will be discussed at greater length on another occasion.

NASADAD will continue to provide periodic updates regarding workforce as developments occur.

Capitol Hill Happenings

Elections and Resignations

- In a special election this week, Virginia State Senator Jennifer McClellan (D-VA) was elected to replace Representative Don McEachin (D-VA-4) in the House of Representatives after his death in November. She is the State's first Black woman elected to Congress. McClellan has supported many bills expanding treatment and access to care for those suffering from mental health issues and substance use disorders (SUDs). She supports the proposed [Virginia Behavioral Health Loan Repayment Program](#), which would allocate \$1.6 million dollars "for a variety of behavioral health practitioners to receive a student loan repayment award from the Commonwealth in exchange for providing service to Virginia communities that are otherwise underserved."



- This week, Rep. David Cicilline (D-RI) [announced](#) he will be leaving Congress on June 1, 2023, to become the CEO of the Rhode Island Foundation. Rep. Cicilline serves on the House of Representatives Foreign Affairs and Judiciary Committees. A special election will be held in Rhode Island's first congressional district, which covers the eastern portion of the state.



Around the Agencies

Update: CDC Provisional Drug Overdose Death Count Dashboard

On February 15, the Centers for Disease Control (CDC) updated the Provisional Drug Overdose Death Counts to the 12-month

period ending in September 2022. The dashboard is available [here](#).



FDA Joint Meeting Endorses NARCAN for Over-the-Counter Use



Last week, the Food and Drug Administration (FDA) held a joint meeting of the Nonprescription Drugs Advisory Committee (NDAC) and Anesthetic and Analgesic Drug Products Advisory Committee (AADPAC) to review Emergent BioSolutions' Narcan (naloxone) as an over-the-counter product. The panels unanimously voted to endorse Narcan as an over-the-counter emergency treatment for opioid overdose. The FDA will decide on final approval later in March. More information on the meeting is available [here](#).

New SAMHSA Funding Opportunity: Sober Truth on Preventing Underage Drinking Act Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced a \$3 million funding opportunity for the [Sober Truth on Preventing Underage Drinking Act Grants \(STOP Act Grants\)](#). The grant program supports the prevention and reduction of alcohol use among youth and young adults in the United States. There are 50 awards available of up to \$60,000 each "that aim to (1) address norms regarding alcohol use by youth, (2) reduce opportunities for underage drinking, (3) create changes in underage drinking enforcement efforts, (4) address penalties for underage use, and/or (5) reduce negative consequences associated with underage drinking (e.g., motor vehicle crashes, sexual assaults)." Applications are due Friday, March 3, 2023.

New SAMHSA Funding Opportunity: Adult Reentry Program

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced a \$13 million funding opportunity for the [Adult Reentry Program](#). The grant program aims to support the development of substance use disorder (SUD) services for incarcerated adults' reentry. Specifically, the program is designed "to expand substance use disorder (SUD) treatment and related recovery and reentry services to sentenced adults in the criminal justice system with a SUD and/or co-occurring substance use and mental disorders, who are returning to their families and community following a period of incarceration in state and local facilities including prisons, jails, or detention centers." The Adult Reentry Program will grant 33 awards at up to \$400,000 each per year. Applications are due Monday, March 6, 2023.

New SAMHSA Funding Opportunity: Medication-Assisted Treatment - Prescription Drug and Opioid Addiction

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced an \$18.2 million funding opportunity for [Medication-Assisted Treatment-Prescription Drug and Opioid Addiction \(MAT-PDOA\)](#). The MAT-PDOA program will provide 24 awards at up to \$750,000 each per year "to provide resources to help expand and enhance access to Medications for Opioid Use Disorder (MOUD). It is expected that this program will help to 1) increase access to MOUD for individuals with Opioid Use Disorder (OUD), including individuals from diverse racial, ethnic, sexual, and gender minority communities; and 2) decrease illicit opioid use and prescription opioid misuse." Applications are due Tuesday, March 7, 2023.

HHS Releases Best Practice Guide: Telehealth for Behavioral Health Care

The Department of Health and Human Services (HHS) recently

released a [best practice guide on Telehealth for Behavioral Health Care](#). The guide provides background on telehealth services for mental health and substance use disorder (SUD), as well as for "developing a telebehavioral health strategy, billing for telebehavioral health, and preparing patients for telebehavioral health." HHS also outlined considerations for [Tele-treatment for Substance Use Disorders](#) specifically, including hiring support staff, familiarizing oneself with medication-assisted treatment (MAT) and medication for opioid use disorder (MOUD) models, recognizing individuality, being conscious of language used during care, and focusing on long-term, continued treatment. Additional information on telehealth can be found on HHS' telehealth site, [here](#).



Webinars to Watch

SAMHSA Webinar: Finding the Way Home: Accessing Housing Resources to Support Individuals with Justice Involvement in Reentry



The Substance Abuse and Mental Health Services Administration (SAMHSA) Gather, Assess, Integrate, Network, and Stimulate (GAINS) Center is hosting a [webinar](#) highlighting federal housing resources and programs that are available through the Department of Housing and Urban Development (HUD) and the Department of Justice's (DOJ) Bureau of Justice Assistance (BJA) to support individuals with justice involvement in reentry. This no-cost webinar will take place on February 28, 2023, at 1:30 PM (ET). The webinar will feature representatives from HUD and BJA's Technical Assistance provider for Behavioral Health to provide an overview on [HUD Exchange's Homelessness Assistance Programs](#), along with additional information about ways to effectively implement these programs. Webinar attendees will also hear from a local jurisdiction about ways they have implemented strategies and tools provided through the [HUD Exchange](#) and [BJA's Second Chance Act grant program](#). Registration is required.

HRSA-funded NCCC Webinar: Cannabis Use Disorder



The Health Resources and Services Administration (HRSA)-funded [National Clinician Consultation Center \(NCCC\)](#) is hosting a [webinar](#) to provide an overview of cannabis use disorder (CUD). This no-cost webinar will be hosted on March 6th at 12:00 PM (ET). The webinar will explore CUD, including signs and symptoms, the risks and consequences of CUD, and treatment strategies. Registration is required.