

D.C. Update: New NASADAD Resource: SOTA Role Explained, Bipartisan Legislation Introduced to Address Xylazine, DEA Extends Telemedicine Flexibilities, and More.

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Meet the Member

Rachael Masaitis, WSC for Idaho, SUD Human Services Specialist, IDHW Division of Behavioral Health

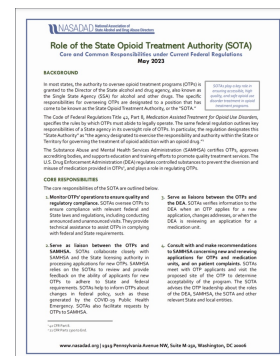
Rachael Masaitis started her career in the field of substance use disorders (SUD) while working for the Idaho Department of Corrections as a Correctional Officer and Corporal. During that time, she obtained her associate's and bachelor's degrees in Human Services Management, as well as the Idaho Student of Addictions Studies Certification. In 2007, Rachael became a Drug and Alcohol Rehabilitation Specialist and provided drug and alcohol treatment services for incarcerated females and males for fifteen years. In 2021, Rachael started working for the Idaho Department of Health and Welfare (IDHW), Substance Use Disorders Team, where she is involved in statewide substance use disorder initiatives to include state-funded treatment, increasing telehealth access points in rural areas, and increasing the number of safe and sober housing options for women with children. She also currently serves as the Women's Services Coordinator (WSC) for the State of Idaho.



NASADAD News

New NASADAD Resource: State Opioid Treatment Authority (SOTA) Role Explained

As the nation continues to experience record high tragic deaths from opioid overdose, access to high quality treatment using medications for opioid use disorder (MOUD) is critical. The State Opioid Treatment Authority (SOTA) plays a key role in providing oversight and support to the opioid treatment programs (OTPs) that use methadone and other FDA approved medications and provide counseling and other services to individuals with opioid



use disorder (OUD). NASADAD worked with SOTAs across the nation to develop a document that summarizes the core and common duties and responsibilities of their role, with input from SAMHSA and the Board of Directors. The summary of this document is available at <https://nasadad.org/2023/05/state-opioid-treatment-authority-sota-role-explained/>.

NASADAD Attends House Committee on Veterans' Affairs Subcommittee on Health Oversight Hearing on Combatting a Crisis: Providing Veterans Access to Life-saving Substance Abuse Disorder Treatment

On Tuesday, April 18, Daniel Diana, Legislative Coordinator, attended an oversight hearing by the House Committee on Veterans' Affairs Subcommittee on Health on [Combatting a Crisis: Providing Veterans Access to Life-saving Substance Abuse Disorder Treatment](#). The hearing featured two panels with witnesses from the Department of Veterans Affairs (VA) and various community-based organizations that serve to connect veterans to substance use disorder (SUD) treatment. Discussion centered around barriers to veterans' access to SUD treatment services, the effectiveness of SUD treatment for veterans, and strategies for better connecting veterans to treatment services- whether through the VA, in the community, or both. Participants agreed that the quality of SUD treatment for veterans was high, but that obstacles remained around connecting them to those services, particularly around the VA's referral process and transitional services and continuity of care in communities. A recording of the hearing can be watched [here](#).

Carol McDaid, Longtime Leader In Treatment and Recovery Policy Field, Announces Retirement

Carol McDaid, principal of Capitol Decisions, and a longtime leader in the substance use disorder policy field, recently announced her retirement from full time work. Carol first registered as a federal lobbyist here in Washington, D.C. in 1986. Over the years, Carol helped lead historic gains in access to substance use disorder services through major policy changes at the federal level. This work included leadership to secure the Mental Health Parity and Addiction Equity Act (MHPAEA) which required insurance coverage of substance use disorders and mental health conditions to be no more restrictive than other medical conditions. Her leadership of the Parity Now Coalition was a key factor in passage of the bill. Further, Carol led work to secure provisions in the Affordable Care Act. In particular, the ACA specifically referenced substance use disorders as one of the core elements of essential health benefits. As a result, insurance sold on the health exchanges and insurance provided by Medicaid had to include substance use disorder benefits. Throughout her career, Carol was very vocal about her own recovery journey. As a result, she helped elevate the importance of recovery support services, including the vital role of peers and recovery community organizations (RCOs). Carol's work, including a leadership role in launching the Coalition to Stop Overdose, helped secure the creation of the Building Communities of Recovery (BCOR) program that was included in the Comprehensive Addiction and Recovery Act (CARA). Carol also served on different Boards, including Faces and Voices of Recovery, Young People in Recovery, and others. She and her husband John Shinholser founded the McShin Foundation in 2004 which is a peer recovery community organization in Richmond, Virginia. Over the years, Carol has presented on federal and state substance use disorder policies to NASADAD through Board of Directors meetings, Annual Conferences, and All States calls. In fact, Carol was recognized with NASADAD's service award. The Association in particular, and the field in general, benefited greatly from her expertise and leadership. NASADAD wishes to thank Carol for her work.



Pictured left to right: Rob Morrison, NASADAD; Carol McDaid; Andrew Kessler, Slingshot Solutions.

White House Happenings

Biden Administration Declares May National Foster Care Month

In a [statement](#) released last week, President Biden declared May National Foster Care Month. In his proclamation, President Biden recognized the Nation's responsibility to its children and that to adequately fulfill this responsibility, we must both expand the support and resources available through the foster care system as well as expand preventative programs to allow more children to remain safely at home. NASADAD, in collaboration with the American Public Human Services Administration (APHSA), recently completed a project evaluating the linkage between childhood exposure to trauma and child welfare engagement and future substance use. NASADAD and APHSA released documents explaining ways in which the collaboration between the child welfare and alcohol and other drug systems could be improved to reduce the effects of this exposure. The project emphasized the importance of intentional planning and coordination between state alcohol and other drug (AOD) and child welfare agencies in order to prevent the negative consequences that substance use disorder (SUD) can have on families and to prevent children from entering the foster care system.

You can read President Biden's statement on National Foster Care Month [here](#).

To read more about NASADAD and APHSA's findings and recommendations, you can visit the NASADAD website [here](#).

Capitol Hill Happenings

Bipartisan Legislation Introduced to Address Xylazine Research, Testing and Detection, and Forming Partnerships

On April 26, Senator Ted Cruz (R-TX) and Senator Peter Welch (D-VT) introduced legislation to better understand the illicit use of the animal tranquilizer Xylazine, or Tranq. According to the [press release](#), the "[The Testing, Rapid Analysis, and Narcotic Quality \(TRANQ\) Research Act](#) directs the National Institute of Standards and Technology (NIST) to take steps to enhance understanding of tranq and other novel synthetic drugs, develop new tests for detection, and establish partnerships with front-line entities that are often the first points of contact with new street drugs."

Around the Agencies

Updated CDC Webpage on Alcohol Use in Pregnancy and FASD

Last week, the Centers for Disease Control and Prevention (CDC) closed out Alcohol Awareness Month by updating their [webpage on Alcohol Use During Pregnancy and Fetal Alcohol Spectrum Disorder \(FASD\)](#). The webpage includes recent Morbidity and Mortality Weekly Reports (MMWRs), tools for providers, training and awareness, podcasts, and links to other resources across the Department of Health Human Services (HHS).

CMS Releases FAQs on CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency

The Centers for Medicare and Medicaid Services (CMS) released answers to [Frequently Asked Questions \(FAQs\)](#) on CMS programs, including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and all private insurance, regarding changes as the COVID-19 Public Health Emergency (PHE) is set to expire on May 11. These FAQs cover CMS waivers, flexibilities, and other information relevant to individuals, both specific to certain CMS programs and general to all, in light of the COVID-19 PHE ending to help individuals manage the transition.

DEA Extends Current Telemedicine Flexibilities

Earlier this week, the Drug Enforcement Administration (DEA) announced it will extend current telemedicine flexibilities. The DEA,

in concert with the Department of Health and Human Services (HHS), submitted a draft Temporary Rule to the Office of Management and Budget (OMB) entitled “Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications.”



The DEA’s press release can be found [here](#).

Research Round-Up

NIH Study Finds “Eat, Sleep, Console” Care Approach Reduces Hospital Stays Among Opioid-Exposed Infants

Results from a national, randomized controlled clinical trial supported by the National Institutes of Health (NIH) as part of the [Advancing Clinical Trials in Neonatal Opioid Withdrawal Collaborative \(ACT NOW\)](#), funded by [NIH’s Helping to End Addiction Long-term Initiative \(HEAL\)](#), found the “Eat, Sleep, Console” (ESC) care approach to be more effective than the Finnegan Neonatal Abstinence Scoring Tool (FNAST) in assessing and treating opioid-exposed newborns. FNAST has been the traditional tool used for assessing opioid-exposed newborns with the possibility of developing neonatal opioid withdrawal syndrome (NOWS). However, this study found that “...newborns cared for with ESC were medically ready for discharge approximately 6.7 days earlier and 63% less likely to receive medication as part of their treatment, compared to newborns cared for with FNAST.” To read more about this trial and its results, you can access NIH’s press release on the study [here](#).

CDC Vital Statistics Rapid Release on *Estimates of Drug Overdose Deaths Involving Fentanyl, Methamphetamine, Cocaine, Heroin, and Oxycodone: United States, 2021*



This week, the Centers for Disease Control and Prevention (CDC) [released](#) the *Estimates of Drug Overdose Deaths Involving Fentanyl, Methamphetamine, Cocaine, Heroin, and Oxycodone: United States, 2021*. The reports findings include:

- “From 2016 through 2021, age-adjusted drug overdose death rates involving fentanyl, methamphetamine, and cocaine increased, while drug overdose death rates involving oxycodone decreased.”
 - “In 2021, the age-adjusted death rates for males were higher than the rates for females for all drugs analyzed.”
 - “Among those aged 25-64, the highest rate of drug overdose deaths involved fentanyl...”
 - “Fentanyl was also the most frequent opioid or stimulant drug involved in drug overdose deaths for the race and Hispanic-origin groups analyzed.”
 - “In 2021, for all regions except Regions 8 and 10, drug overdose deaths involving fentanyl were highest, while drug overdose deaths involving both fentanyl and methamphetamine were highest for Regions 8 and 10.”
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Webinars to Watch

COSSUP Webinar: 42 Code Of Federal Regulations (CFR) Part 2 And Medications For Opioid Use Disorder In Correctional Facilities



The Bureau of Justice Assistance’s (BJA) Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) is hosting a webinar on [42 Code of Federal Regulations \(CFR\) Part 2 and Medications for Opioid Use Disorder in Correctional Facilities](#). This no-cost webinar will be offered on May 11, at 2:00 pm (ET). The webinar will “...provide an overview of federal health privacy laws and guide participants through common

scenarios in which patient information may or may not be shareable. Presenters will describe information needed for determining the proper course of action and will respond to questions from participants.” Registration is required.

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