

Changes in DEA Regulations for MAT Prescribers: Opportunities and Challenges

Monday, May 22nd, 2023

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Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.


Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.



Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

May is...

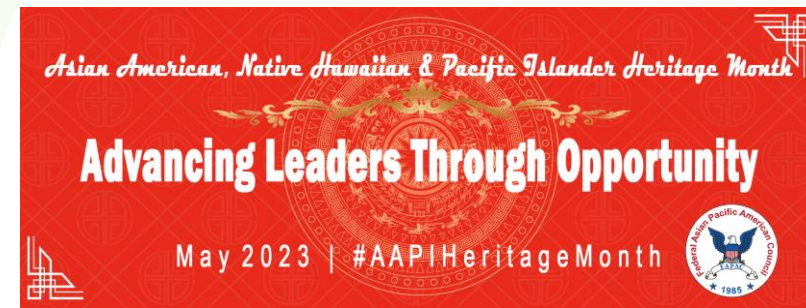
Asian American, Native Hawaiian, and Pacific Islander Heritage Month

Mental Health Awareness Month

Hepatitis Awareness Month

Learn more at:

- <https://fapac.org/AAPI-Resources>
- <https://www.samhsa.gov/programs/mental-health-awareness-month>
- <https://www.cdc.gov/hepatitis/awareness/HepatitisAwarenessMonth.htm>



Disclosures

FACULTY DISCLOSURE

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<i>Cheryl Ho, MD</i>	<i>Stock or Stock options; Johnson & Johnson Pfizer, Roche, Eli Lilly</i>
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All other relevant financial relationships have been mitigated by conducting a peer review of the content used for this session.

Disclosures

Ken Saffier, MD, FASAM, has no financial or organizational conflicts of interest to report.


The opinions expressed in this presentation are his and not necessarily those of the sponsoring organizations.

Learning objectives

By the end of this presentation, participants will be able to:

1. Identify 8 hours of qualifying continuing education to meet the new DEA requirements for license renewal or for first time applicants.
2. Based on the previous DEA “X” waiver curriculum, choose at least 3 content areas that will build your confidence and competence to prescribe evidence-based medications for opioid use disorders.
3. Recall at least 2 takeaways from the case discussion.

“x’ing the X waiver” – no longer an obstacle



The Mainstreaming Addiction Treatment (MAT) Act

117th Congress

House Sponsors: Paul Tonko (D-NY), Mike Turner (R-OH), Antonio Delgado (D-NY), Anthony Gonzalez (R-OH)
Senate Sponsors: Maggie Hassan (D-NH), Lisa Murkowski (R-AK)

“The devastation of America’s opioid crisis has touched every part of our country, and access to treatment is a matter of life and death. Our national response needs to rise to meet the unprecedented scale of this crisis.”

❖ Paul Tonko

America is in the midst of an overdose epidemic

- An estimated 108,000 people died of a drug overdose in the U.S. in 2021, the highest number of overdose deaths ever recorded, and a 15% increase from the previous year
- Overdose fatalities are now the leading cause of death for Americans under 50
- Americans are dying from this illness faster than they did at the height of the HIV/AIDS epidemic that sparked a national movement to address it
- Just 1 in 5 individuals with an opioid use disorder is getting the treatment they need

Access to treatment is a life-saving answer

- For two decades, buprenorphine has been used as a safe, effective and life-saving medication-assisted treatment for individuals suffering from a substance use disorder
- Medical professionals need a special DEA waiver to prescribe buprenorphine to treat substance use disorder, which leads to treatment bottlenecks and a lack of providers
- This outdated waiver requirement has stuck around even though medical professionals can prescribe the same drug for pain without jumping through bureaucratic hoops
- Removing this barrier will massively expand treatment access, making it easier for medical professionals to integrate substance use disorder treatment into primary care settings
- After France took similar action to make buprenorphine available without a specialized waiver, opioid overdose deaths declined by 79 percent over a four-year period

Congress can help stop this crisis!

- After nearly 20 years of safe treatment, there is no good reason to maintain separate, more burdensome restrictions blocking access to safe, proven addiction treatments including buprenorphine
- Practitioners are already required to obtain a license to prescribe controlled substances and meet any state-level requirements to prescribe buprenorphine
- The outdated waiver requirement reflects longstanding stigma around substance use treatment and misleads qualified prescribers to think they can’t effectively treat patients with substance use disorders
- New York, North Carolina, New Mexico, Indiana and others have called for the removal of the federal buprenorphine waiver requirement

The Mainstreaming Addiction Treatment Act

- Eliminates the redundant, outdated requirement that practitioners apply for a separate waiver through the DEA to prescribe buprenorphine for substance use disorder treatment
- Requires the Secretary of HHS to conduct a national campaign to educate practitioners about the change in law and encouraging providers to integrate substance use treatment into their practices

Connect with Representative Tonko on Facebook, Twitter, and Instagram: @RepPaulTonko

New DEA Requirement for Prescribing

- The X-Waiver to prescriber buprenorphine has been eliminated.
- The DEA has implemented new regulations for any prescriber with a DEA license, including a one-time, eight (8) hour training requirement.



Pathways to Fulfill DEA Training Requirement

Pathway A

Board certified in addiction medicine or addiction psychiatry

American Board of Medical Specialties,
American Board of Addiction Medicine,
American Osteopathic Association

Pathway B

Recent graduate of medical, dental, physician assistant, or advanced practice nursing within five (5) years

At least eight (8) hours of training on treating and managing patients with opioids or other substance use disorders in their comprehensive curriculum

Pathway C

Practitioners who do not meet the criteria in Pathway A or B

At least eight (8) hours of training on treating and managing patients with opioids or other substance use disorders

Pathway C



Does not have to occur in one session



Eight (8) hours total



Past trainings can be counted



Variety of training formats

Classroom

Seminars

Virtual

How to determine if your course qualifies:

- SAMHSA recommends that content should be related to:
 - Prevention, recognition, and care of people with substance use disorders including those with concurrent pain and/or psychiatric and medical co-morbidities.
- SAMHSA encourages all practitioners to screen for and to treat substance use disorders.
- All accredited* CE/CME courses and presentations can count toward the 8 hrs

*For greater detail:

- <https://www.samhsa.gov/medications-substance-use-disorders/provider-support-services/recommendations-curricular-elements-substance-use-disorders-training>

Let's explore practical experiences for MOUD

During past ECHO sessions, there has been a variety of experience:

- Practitioners with DEA X waivers
- Practitioners without X waivers, but who have clinical experience
- New practitioners, who want to, or soon to adopt/integrate MOUD into practice

Previous DEA approved waiver courses

Content areas, e.g., PCSS sponsored (4 hrs):

- Hx of opioids and treatment
- Benefits of MOUD
- Pharmacology of methadone, buprenorphine and naltrexone
- Patient evaluation: components of history, physical exam
- Office management
- Clinical uses of buprenorphine and naltrexone
 - Induction, stabilization and maintenance
- “Specialty topics”:
 - Psychiatric diagnoses
 - Youth and older people
 - Pregnancy
 - Pain, acute, peri-operative, chronic
 - Drug interactions
 - Renal and liver disease
- Urine testing

Resources to Meet These Requirements

See below the links to our enduring course catalog and to request technical assistance from the Opioid Response Network (ORN):

- Enduring course catalog:
<https://docs.google.com/document/d/10r78aNpgPzIdc2TGM5bH29ODaA8xtAPHsK8vDuticLQ/edit>
- ORN request link:
<https://opioidresponsenetwork.org/SubmitTARequest.aspx>



Additional Resources to Meet These Requirements

- Residency scholarships from the Medical Education and Research Foundation for the Treatment of Addiction (www.merfweb.org)
- California Society of Addiction Medicine, Review Course in Addiction Medicine, August 30 – September 2, 2023, all CME/CE credits from the conference qualify. (www.csam-asam.org)
 - In addition, see online options from previous conferences and presentations
- SCOPE of Pain – Safer/Competent Opioid Prescribing Education (free)
<https://www.scopeofpain.org/core-curriculum/live-conferences/select-a-conference.php>

Additional resources:

- SAMHSA's Quick Start Guide:
[Buprenorphine Quick Start Guide \(samhsa.gov\)](https://www.samhsa.gov/buprenorphine-quick-start-guide)
- Quick Start Pocket Guide:
[Buprenorphine Quick Start Pocket Guide \(samhsa.gov\)](https://www.samhsa.gov/buprenorphine-quick-start-pocket-guide)
- For mentoring and additional resources:
[Home - Providers Clinical Support System: Resources for PCPs \(pcassnow.org\)](https://www.pcassnow.org/)
- California Bridge
<https://cabridge.org/>

Take home points:

- 8 hours are readily available
- They don't have to be done in 1 session
- Past accredited training can be counted
- <https://www.samhsa.gov/medications-substance-use-disorders/provider-support-services/recommendations-curricular-elements-substance-use-disorders-training>



- Gloria Miele, Ph.D., Program Director
Opioid and Stimulant Implementation Support – Technical and Training Assistance
- UCLA Integrated Substance Abuse Programs
- Project ECHO staff

On-Demand Course Catalog

Our Full Course Catalog includes training on a variety of topics. *Courses that offer CE/CME are noted.*

SCAN FOR THE FULL COURSE CATALOG

