



ASAM American Society of
Addiction Medicine

For Immediate Release
September 26, 2018

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American Society of Addiction Medicine Applauds Inclusion of Key Provisions in Historic Opioid Legislative Package

Key Provisions to Teach, Standardize, and Cover Addiction Medicine Will Help Close Treatment Gap and Save Lives, Addiction Medicine Experts Say

Rockville, MD (September 26, 2018) - The American Society of Addiction Medicine (ASAM) today applauds US House and Senate leaders for announcing a [bipartisan agreement](#) on an opioid legislative package that includes key provisions to bolster the country's addiction treatment workforce, help provide standardized evidence-based treatment for individuals with a substance use disorder (SUD), and help ensure coverage and payment models facilitate comprehensive, coordinated care for patients seeking treatment for a SUD.

"On behalf of America's addiction medicine physicians and other clinicians on the frontlines of this crisis, ASAM applauds our Congressional leaders for working together to include key provisions that will help close the current treatment gap, bolster the addiction medicine workforce, and save more lives," said Kelly J. Clark, MD, MBA, DFASAM, president of ASAM. "Reversing course on the deadly opioid overdose crisis requires bold policy solutions that help teach, standardize, and cover addiction medicine so more patients benefit from evidence-based treatment. The agreement reached last night is an important step toward realizing this critical goal."

Key provisions in the legislative package to teach, standardize, and cover evidence-based addiction medicine include:

- Making permanent buprenorphine prescribing authority for physician assistants and nurse practitioners and allowing waived practitioners to treat immediately up to 100 patients at a time (in lieu of 30) if the practitioner is board certified in addiction medicine or addiction psychiatry; or if the practitioner provides medication assisted treatment (MAT) in a qualified practice setting. Certain qualified physicians would also be allowed to treat up to 275 patients at a time with buprenorphine, codifying an existing rule;
- Allowing physicians who have recently graduated in good standing from an accredited school of allopathic or osteopathic medicine, and who meet the other training requirements during school to prescribe MAT, to obtain a waiver to prescribe MAT;

- Providing loan repayment relief to addiction treatment professionals who practice in high-need areas;
- Creating a Medicare demonstration program to increase access to evidence-based outpatient treatment for beneficiaries with opioid use disorder that includes medication as well as psychosocial supports, care management, and treatment planning;
- Partially repealing the Institutions for Mental Diseases (IMD) exclusion and allowing state Medicaid programs to cover care in certain IMDs that can deliver services consistent with certain requirements, including evidence-based assessments and levels of care;
- Directing the Departments of Justice and Health and Human Services to finalize special registration regulations concerning the prescribing of medications for addiction via telemedicine within one year of enactment;
- Expanding Medicare coverage to include payment for Opioid Treatment Programs through bundled payments for wholistic services;
- Convening a stakeholder group to produce a report of best practices for states to consider in health care related transitions for inmates of public correctional facilities; and
- Requiring the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide information to SAMHSA grantees to encourage the implementation and replication of evidence-based practices.

“Substance use disorder is both treatable and preventable – but from where we stand today, delivering high-quality care to the millions of Americans who live with the disease of addiction will require significant investments in our workforce, coverage, and payment models that facilitate coordinated and comprehensive care, and structural changes that incentivize the use of evidence-based approaches,” said Clark. “And while we celebrate this bipartisan announcement today, ASAM knows there is still much more work to be done to ensure all Americans living with a substance use disorder get the treatment they need. ASAM will continue to advocate for building an addiction treatment system that fully integrates mental health, substance use disorder, and primary care services in order to produce the best patient outcomes. This includes supporting final passage of legislation that would more closely align 42 CFR Part 2 with the Health Insurance Portability and Accountability Act.”

For more information about the American Society of Addiction Medicine, please visit www.ASAM.org.

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About ASAM

The American Society of Addiction Medicine, founded in 1954, is a professional society representing over 6,100 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention,

and promoting the appropriate role of physicians in the care of patients with addiction. For more information, visit www.ASAM.org.