



**ASAM** American Society of  
Addiction Medicine

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**Addiction Medicine Community Applauds Passage of House’s  
Bipartisan Legislative Package to Combat the Opioid Addiction &  
Overdose Epidemic**

*Bipartisan Legislative Package Lays Groundwork for Systemic Changes to America’s  
Addiction Prevention, Treatment, and Recovery Support Delivery Systems*

Rockville, MD – The American Society of Addiction Medicine (ASAM) applauds the House of Representatives for its action this week to pass the **Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act** (H.R. 6), the **Overdose Prevention and Patient Safety (OPPS) Act** (H.R. 6082), and the **IMD Care Act** (H.R. 5797). The sweeping legislative package makes important reforms on a range of issues including improving patient care coordination and safety, expanding the addiction treatment workforce, expanding access to addiction treatment, enhancing peer support specialist programs, ensuring the provision of evidence-based treatment, and improving provider education.

“As the leading voice of America’s addiction treatment professionals, ASAM commends the House for recognizing the magnitude and urgency of this public health crisis and taking steps to bolster our addiction treatment infrastructure,” said ASAM president Kelly J. Clark, MD, MBA, DFASAM. “The opioid addiction and overdose epidemic has ravaged our communities for too long, and we must continue to make actionable policy changes to stem the tide of overdoses and deaths. Many of the reforms made in the SUPPORT Act, OPPS Act, and IMD Care Act will help modernize our addiction treatment infrastructure and better integrate addiction treatment into mainstream medical care.”

The bipartisan legislation makes significant strides that will improve access to, and the quality of treatment for, persons suffering from addiction. The SUPPORT Act includes provisions that would:

- Help ensure that programs funded by the Department of Health and Human Services (HHS), aiming to prevent or treat a mental health or substance use disorder (SUD), are evidence-based;
- Grant more flexibility to the National Institutes of Health to conduct research to address the opioid addiction and overdose crisis;

- Require state Children’s Health Insurance Programs (CHIP) to cover mental health benefits, including SUD services, for children and pregnant women;
- Clarify telemedicine waivers;
- Establish a federal loan repayment program that helps participants who pursue full-time substance use disorder treatment jobs in high-need geographic areas repay their student loans;
- Require the HHS Secretary to convene a stakeholder group to report on best practices related to health care related transitions for inmates of public institutions;
- Make permanent the authorization that allows qualifying nurse practitioners and qualifying physician assistants to treat patients with buprenorphine;
- Permit qualifying practitioners to treat up to 100 patients at a time with buprenorphine (in lieu of the initial 30 patient limit) if the qualifying practitioner is board-certified in addiction medicine or addiction psychiatry or provides medication for addiction treatment in a qualified practice setting;
- Permit qualifying certified registered nurse anesthetists, qualifying clinical nurse specialists, and qualifying certified nurse midwives to treat patients with buprenorphine for addiction involving opioid use for five years;
- Expand Medicare coverage for certain services provided in opioid treatment programs; and
- Require the HHS Secretary to conduct a four-year Medicare demonstration project to improve the treatment of addiction involving opioid use in office-based settings.

The OPPTS Act makes targeted revisions to the 42 CFR Part 2 confidentiality law to improve care coordination, while maintaining important confidentiality protections for patients with substance use disorder.

Finally, the IMD Care Act expands residential treatment for opioid use disorder and cocaine use disorder. The legislation would allow states to use Medicaid funds for up to 30 days of treatment per service year provided in an Institute of Mental Disease (IMD) for a period of 5 years. To do so, a state would have to submit a plan amendment to the Centers for Medicare & Medicaid Services (CMS) with information about how the state will improve access to outpatient care and detail a process by which an individual would transition from an IMD to appropriate outpatient care. States would also have to include a description of appropriate clinical screenings of eligible individuals – including assessments to determine appropriate level of care and length of stay – based upon the *ASAM Criteria*.

“While it is imperative that we increase access to treatment and addiction medicine specialists, it is also important that patients and families demand high-quality treatment based on clinical outcomes evidence and research,” said Dr. Clark.

In a [letter](#) last year to state Medicaid Directors, the Centers for Medicare and Medicaid (CMS) provided detailed Section 1115 demonstration guidance to states regarding strategies to address the opioid epidemic, including milestones related to treatment assessments based on substance use disorder (SUD)-specific, multi-dimensional assessment tools, such as the *ASAM Criteria*, as well as the use of nationally-recognized, evidence-based SUD program standards to set residential treatment provider qualifications.

“ASAM welcomes the bipartisan legislative achievements of the United States House of Representatives this week and looks forward to continuing our collaborative efforts with Congress and the Administration to expand access to high-quality, evidence-based addiction treatment for all Americans who need it,” Dr. Clark concluded.

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**About ASAM**

The American Society of Addiction Medicine, founded in 1954, is a professional society representing over 5,300 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](http://www.ASAM.org).