

10 ways the new opioids law could help address the epidemic

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President Donald Trump has signed into law a massive bipartisan bill that aims to take on the opioid epidemic which, according to the latest provisional data from the Centers for Disease Control and Prevention (CDC), kills about 130 Americans daily.

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The new law—the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act—was passed with sweeping majorities of 393–8 in the House and 98–1 in the Senate.

The legislation touches on almost every aspect of the epidemic. It includes numerous provisions, supported by the AMA, that will expand access to substance-use disorder (SUD) prevention and treatment programs. The AMA strongly urges removing all barriers to treatment for SUD.

Here are 10 ways the legislation can help address the opioid epidemic.

Expands existing programs and creates new programs to prevent SUDs and overdoses, including reauthorization of the Office of National Drug Control Policy.

Expands programs to treat SUDs, including medication-assisted treatment (MAT), partially lifting—for five years—a restriction that blocks states from spending federal Medicaid dollars on residential addiction treatment centers with more than 16 beds, by allowing payments for residential SUD services for up to 30 days and allow Medicare to cover MAT, including methadone, in certain settings, to treat SUDs.

Increases funding for residential treatment programs for pregnant and postpartum women. The bill also requires the CDC to develop educational materials for clinicians to use with pregnant women

for shared decision-making regarding pain management during pregnancy.

Authorizes an alternative payment model demonstration project developed by the American Society of Addiction Medicine, with support from the AMA, to increase access to comprehensive, evidence-based outpatient treatment for Medicare beneficiaries with opioid-use disorders.

Authorizes CDC grants for states and localities to improve their prescription drug-monitoring programs (PDMPs), collect public health data, implement other evidence-based prevention strategies, encourage data sharing between states, and support other prevention and research activities related to controlled substances, including education and awareness efforts.

Expands the use of telehealth services for Medicaid and Medicare SUD treatment.

Provides loan repayment for SUD-treatment professionals, including physicians, who agree to work in mental health professional shortage areas (HPSAs) or counties that have been hardest hit by drug overdoses. The bill clarifies that mental and behavioral health providers participating in the National Health Service Corps can provide care at a school or other community-based setting located in a HPSA as part of their obligated service requirements.

Helps stop the flow of illicit opioids into the country by mail, especially synthetic fentanyl and its analogs. Most opioid-related overdose deaths are linked to heroin and illicit fentanyl.

Provides funding to encourage research and development of new nonaddictive painkillers and nonopioid drugs and treatments.

Requires the Department of Health and Human Services (HHS) to study and report to Congress on the impact of federal and state laws and regulations that limit the length, quantity or dosage of opioid prescriptions.

The final bill also retained some provisions about which the AMA raised concerns, primarily related to mandates on physicians and duplicative requirements in state and federal programs.

One such provision would create a federal mandate for physicians to electronically prescribe controlled substances by January 2021 for Schedule II, III, IV, and V controlled substances covered under a Medicare part D or Medicare Advantage prescription drug plan.

The bill does, however, require that the Drug Enforcement Administration update its regulations pertaining to how prescribers authenticate prescriptions using biometrics to keep up with changing technology.

Another provision requires the Food and Drug Administration (FDA) to develop prescribing guidelines for the indication-specific treatment of acute pain where such guidelines do not exist. But any such

guidelines will be accompanied by a clear statement of intent from the FDA commissioner stating that they are meant to inform clinical decisions by prescribers and patients and are not intended to restrict, limit, delay or deny coverage or access by individual health professionals.

The AMA Opioid Task Force encourages physicians to take these six actions:

- Register and use state PDMPs.
- Enhance education and training.
- Support comprehensive treatment for pain and substance-use disorders.
- Help end stigma.
- Co-prescribe naloxone to patients at risk of overdose.
- Encourage safe storage and disposal of opioids and all medications.

Visit the AMA's End the Epidemic website to find tools and resources by state and medical specialty.