



COVID-19 State Chapter Brief

April 30, 2020

Recent Updates (4/30/2020)

- ASAM released a [public policy statement](#) on third party payment for addiction treatment. The statement contains a list of 24 recommendations on topics ranging from alternative payment models to clinician networks to the IMD exclusion
- The [Paycheck Protection Program & Health Care Enhancement Act](#), known colloquially as the coronavirus 3.5 package, was signed into law on April 24. It includes \$484 billion dollars to supplement funding for programs created by the CARES Act, including the Provider Relief Fund and the Paycheck Protection Program and other key programs supporting hospitals and HHS.
- ONDCP released a [statement](#) reaffirming SUD treatment as an essential medical service. The statement stresses that PPE ordered and requested by facilities treating SUD is for a legitimate need and purpose.
- ASAM's EVP and CEO Penny Mills, as well as ASAM's Vice-President of Advocacy and Government Relations Kelly Corredor participated in a call with five senators and other stakeholders to discuss programs to support mental health and addiction treatment providers that may be included in a 4th package to address coronavirus.
- The AMA has released [guidance](#), and HHS has released [additional information](#) on the Provider Relief Fund established by the CARES Act. These resources contain information on how to apply to receive payment from the fund, as well as who is eligible and how the money can be used.

Recent Updates (4/16/2020)

- The AMA wrote a letter to Dr. Elinore McCance-Katz urging her to direct SAMHSA to allow OTPs to satisfy the in-person evaluation requirement for treatment of opioid use disorder (OUD) by using telemedicine. Specifically, the AMA urged SAMHSA to allow the evaluation of patients to be conducted via telemedicine if a program physician, primary care physician, or an authorized health care professional under the supervision of a program physician, determines that an adequate evaluation of the patient can be accomplished via telemedicine.
- The AMA released a [press release](#) applauding Maine Governor Janet Mills, who issued an [executive order](#) which removed restrictions on sterile needle and exchange services to help reduce harms among people who inject drugs and protect against the spread of infectious disease. The press release urged other states to follow Maine's lead and lift restriction on sterile needle and exchange services.
- ASAM continues to investigate private insurance reimbursement issues regarding telehealth.
- ASAM began an [advocacy campaign](#) to urge Congress to appropriate \$38.5 billion in emergency funds to support the behavioral health care system and its mental health disorder and addiction treatment providers.

- The Federal Trade Commission recently [announced](#) it will start accepting applications for the COVID-19 Telehealth Program, which was a part of the CARES Act. It's a \$200 million emergency fund to help eligible health care providers purchase telecommunications services, information services, and devices necessary to provide critical connected care services, whether for treatment of coronavirus or other health conditions during the coronavirus pandemic, with an emphasis on supporting these services for eligible low-income Americans and veterans.
- ASAM's President Dr. Paul Earley and ASAM's Executive Vice President and CEO Penny Mills participated in a [call](#) with President Donald Trump and senior White House officials to discuss COVID-19's impact on mental health and addiction healthcare.
- The DEA issued an [update](#) which provides DEA-registered hospital/clinics with the flexibility to utilize alternate satellite hospital/clinic locations under their current controlled substances registrations. The update also provides flexibility to allow distributors to ship controlled substances directly to these satellite hospitals/clinics.
- The DEA issued an [update](#) granting an exception to the requirement that a licensed practitioner or other authorized individual sign an invoice at the time of delivery of narcotics to an Narcotic Treatment Program. The exception comes with conditions which are detailed in the update.
- ASAM, the AMA, and 136 other organizations sent a letter to congressional leaders thanking them for their efforts to help physicians, other health care clinicians, and hospitals on the frontlines of care meet the demands of the rapidly evolving COVID-19 pandemic. The organizations also took the opportunity to urge Congress to take additional steps to protect patient access to care by preserving the viability of physician practices as part of the nation's essential health care system.

Recent Updates (4/9/2020)

- ASAM, the National Council for Behavioral Health, and 38 other organizations submitted a [brief](#) to legislators urging them to appropriate \$38.5 billion in emergency supplemental funding for direct payments to behavioral health organizations to ensure they can remain open and operating during the COVID-19 crisis.
- ASAM, along with 85 other stakeholders, submitted a [letter](#) to the Secretary of Health and Human Services, Alex Azar, and the Administrator of the Centers for Medicare and Medicaid Services, Seema Verma, urging them to bolster the federal government's response to the COVID-19 pandemic by lifting the current Medicare prohibition on audio-only telehealth for the duration of the public health emergency.
- Several of ASAM's physician leaders submitted a [letter](#) to SAMHSA urging it to consider allowing methadone initiation through audio-visual telehealth due to COVID-19. The letter was signed by over 300 physicians from across the country.

Recent Updates (4/2/2020)

- 31 states have [applied for](#) a Major Disaster Declaration. 25 have been approved and 6 are pending.

- ASAM has alerted ONDCP to possible supply chain issues with respect to buprenorphine. ONDCP confirmed that the DEA has issued reminders to distributors which encourages them to account for longer prescription lengths due to COVID-19.
- The DEA has issued new [guidance](#) stating that a clinician registered to prescribe controlled substances in a state does not currently need to obtain a separate DEA registration to prescribed controlled substances in a different state if authorized to dispense controlled substances by both the state in which a practitioner is registered with DEA and the state in which the dispensing occurs due to the extraordinary circumstances of COVID-19.
- The President signed into law the Coronavirus Aid, Relief, and Economic Security (CARES) Act, a [\\$2.2 trillion legislative package](#) to combat COVID-19 and its economic fallout. The legislation makes [significant changes](#) to 42 CFR Part 2 among other things. The Secretary of HHS is directed to revise regulations that are necessary to implement and enforce the changes 42 CFR Part 2 so that they apply to uses and disclosures of SUD patient records beginning one year after the enactment of the CARES Act.
 - This is the third piece of legislation Congress has passed and the President has signed to address the pandemic.
- At the request of SAMHSA, ASAM circulated an [email](#) urging ASAM members to apply for a DATA 2000 waiver or increase their patient limit. This call to action was echoed by ASAM’s twitter account, where the tweet was retweeted by the ONDCP and AMA.
- Dr. Yngvild Olsen has organized a [letter](#) to SAMHSA urging it to consider allowing methadone initiation through audio-visual telehealth due to COVID-19. You can sign on to the letter [here](#). The letter notes that the listed affiliation of those signing on to the letter is not indicative of an endorsement by the affiliated organization.

Important contacts

- [State Opioid Treatment Authority \(SOTA\)](#)
- [State Medicaid Director](#)
- [State Insurance Commissioner](#)
- [Single State Agency for Substance Abuse Services](#)
- Check to see if your State has created a task force on COVID-19. See Michigan as an [example](#)

Recommendations To Your State:

Each state and community is different. Below are examples of recommendations that an ASAM Chapter could consider making to their state:

Classify organizations vital to the health of those struggling with addiction as “essential businesses”

- Check this [chart](#) to ensure that any applicable executive order in your state classifies liquor stores, detoxification facilities, and residential treatment facilities as “essential businesses.”

Establish Facilities Akin to Addiction Receiving Facilities

- Prior to the current COVID-19 national emergency, Florida developed [regulations](#) for Addictions Receiving Facilities (ARF), which are designed, among other things, to alleviate the burden on

EDs by directing people suffering with addiction to the ARF instead of the ED, when it can be done safely. This idea may be particularly important now, as ASAM is receiving reports that EDs have stopped following protocols around naloxone and medication initiation for patients coming in after overdoses.

- An ARF is a secure, acute care facility. Services that could be offered include stabilization and detoxification, supportive counseling, and medications for addiction treatment

Apply for an 1135 waiver

- Under the national emergency declaration, CMS can approve [1135 waivers](#)
 - Chapters should work with their states to ensure that their state's 1135 waiver application:
 - Provides flexibilities in Medicaid provider screening and enrollment
 - Lifts prior authorization and medical necessity processes for benefits covered under the state's Medicaid plan
 - Waives certain pre-admission and annual resident review assessments
 - Allows facilities to be fully reimbursed under Medicaid for services rendered during an emergency evacuation to an unlicensed facility
 - Extends state fair hearing and appeals processes for Medicaid managed care and fee-for-service enrollees
 - Waives public comment and tribal consultation requirements for state plan amendments that are temporary and increase access to services related to COVID-1
 - Extends pre-existing authorizations for which a beneficiary has previously received prior authorization through the end of the public health emergency
 - See Illinois' 1135 waiver application as an [example](#).
 - Read more [here](#).

Expand Telehealth

- Work with your state's governor to enable telehealth conducted through audio only to be allowable and reimbursable through your state's Medicaid program. See Maryland's [executive order](#)
- Work with the department in your state that oversees the delivery of addiction treatment services to secure the release of guidance affirming DEA's most recent telemedicine guidance which provides greater flexibility for the use of telemedicine to issue initial prescriptions for controlled substances in schedule II- V. See Massachusetts' [guidance](#)
- Work with your state's insurance commissioner and Medicaid director to ensure that insurance carriers cover telehealth services and reimburse them at the same rate as the service delivered in-person. See Massachusetts' [guidance](#)
- Encourage your state to allow Medicaid to reimburse for telehealth services delivered to beneficiaries in their homes. See DC's [guidance](#)
- Consider bringing this letter from HHS Secretary Azar (click [here](#)) to the attention of your state authorities

Additional Resources

- [ASAM COVID-19 Resources](#)
- [NGA State Actions in Response to COVID-19](#)
- [NGA Memo: Gubernatorial Actions to Support Medical Surge Capacity](#)
- [AMA's Coronavirus Resource Center](#)
- [Multistate COVID-19 Policy Tracker](#)
- [National Council for Behavioral Health COVID-19 Guidance for Residential Facilities](#)