

Buprenorphine Policy Update: What's new with DATA 2000?

Susanne Fogger, DNP, PMHNP-BC, CARN-AP, FAANP
University of Alabama at Birmingham, Birmingham Alabama
Katherine S. Fornili, MPH, RN, CARN
University of Maryland, Baltimore Maryland

Conflict of interest

- Neither speaker has any conflict of interest to declare



Objectives

- Participants will be able to describe the benefits of providing medication-assisted therapy (including the use of buprenorphine products) in primary care settings.
- Participants will be able to summarize DATA 2000 regulations regarding lawful prescribing of buprenorphine products.
- Participants will be able to describe current efforts to amend DATA 2000 to enable buprenorphine prescribing by non-physicians, including advanced practice nurses with prescriptive authority in their respective states.

The Drug Addiction Treatment Act of 2000 (DATA 2000)

- Designed to provide **increased access** to treatment in primary care and other office-based settings
- The Act would allow patients to receive opioid replacement treatment (ORT) their primary care provider's office, thus **decreasing the burden and shame of seeking treatment**
- However, when the law was enacted, **only physicians** who took a specialized class and request this designation could legally prescribe the medication
- Each physician was **limited to 30 patients** per practice

The Recovery Enhancement for Addiction Treatment (TREAT) Act

- **Two Companion Bills in the House and Senate**
 - **S.B. 1455 (114th Congress)**
 - Introduced 5/22/15
 - Sponsored by Mr. Markey, Mr. Paul, Mrs. Feinstein, Mr. Durbin, Ms. Hirono, Mr. Brown, and Ms. Baldwin
 - **H.R. 2536 (114th Congress)**
 - Introduced 5/21/15
 - Sponsored by Mr. Higgins, Mr. Hanna, Mr. Tonko, and Mr. Katko

The Recovery Enhancement for Addiction Treatment (TREAT) Act

- "Access to medication-assisted treatments, including office-based buprenorphine opioid treatment remains limited in part to current regulations and an insufficient number of providers"
- Proposed changes to DATA 2000:
 - Changes "Physician" to "practitioner"
 - Changes "30" to "100"
 - After one year can request unlimited number of patients

Provider Requirements

- Agrees to fully participate in the **Prescription Drug Monitoring Program (PDMP)** of the State in which the qualifying practitioner is licensed.
- Has completed **24 or more hours of training** in the treatment and management of opiate-dependent patients provided by:
 - American Society of Addiction Medicine
 - American Academy of Addiction Psychiatry
 - American Medical Association
 - American Psychiatric Association
 - Or other organizations that the Secretary determines appropriate

Nurse Practitioner/Physician Assistant Requirements:

1. **Licensed** under state law to prescribe schedule III, IV or V medications for pain
2. Completed 24 or more hours of **training** in the treatment and management of opiate-dependent patients provided by previously named groups
3. **Other training or experience** that will demonstrate the ability of the NP or PA to treat and manage opiate-dependence
4. The NP/PA practice under the **supervision** of a licensed physician who holds **an active waiver to prescribe Schedule III, IV, or V narcotic medication for opioid addiction therapy**

The Nurse Practitioner

5. **The NP has training or experience and demonstrates specialization in the ability to treat opioid dependent patients such as:**
 - **Certification in addiction specialty accredited by the:**
 - American Board of Nursing Specialties, OR
 - National Commission for Certifying Agencies, OR”
 - **Certification in addiction nursing as a Certified Addiction Registered Nurse—Advanced Practice (CARN-AP)**

The Nurse Practitioner

- **Practices in collaboration with a physician who holds an active waiver** to prescribe medication for opioid addiction treatment
- **Practices in a qualified practice setting:**
 - Patient centered specialty practice
 - Centers for Medicaid and Medicare services recognized accountable care organization
 - Facility administered by the VA, DoD or Indian Health Services
 - Behavioral Health Home accredited by the Joint Commission

Concerning Aspects of the Bills

- **Currently the TREAT Act bills require NPs to prescribe opioid addiction therapy in collaboration with a physician who holds an active waiver**
 - In 2015, only 12 states (24%) require supervision, delegation, or team-management by an outside health discipline in order for the nurse practitioner to provide patient care;
 - Inadequate numbers of physicians and waived physicians are willing to prescribe opioid therapy

American Association Nurse Practitioners (AANP) Nurse Practitioner State Practice Environment



- **Full Practice:** State practice and licensure law provides for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing. This is the model recommended by the Institute of Medicine and National Council of State Boards of Nursing. (20 states plus DC—41%)
- **Reduced Practice:** State practice and licensure law reduces the ability of nurse practitioners to engage in at least one element of NP practice. State requires a regulated collaborative agreement with an outside health discipline in order for the NP to provide patient care. (18 states—35%)
- **Restricted Practice:** State practice and licensure law restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State requires supervision, delegation, or team-management by an outside health discipline in order for the NP to provide patient care. (12 states—24%)

IntNSA-Approved Advocacy

1) Phone or email Sponsors/Co-sponsors thanking them for their TREAT Act leadership and support:

- Write as individual citizens, addictions nurses, and IntNSA members, but NOT representing IntNSA as an organization
- Use template#1 (on IntNSA website) to **encourage them to amend the proposed language about physician supervision**
 - **Senate Sponsors:** Senators Edward J. Markey (D-Mass.) and Rand Paul (R-Ky.)
 - **Senate Co-Sponsors:** Dianne Feinstein (D-Calif.), Sherrod Brown (D-Ohio) Mazie Hirono (D-Hawai'i), Dick Durbin (D-Ill.), and Tammy Baldwin (D-Wisc.)
 - **House Companion Bill Sponsors:** Rep. Brian Higgins (D-N.Y.), Richard Hanna (R-N.Y.), Paul Tonko (D-N.Y.) and John Katko (R-N.Y.).

IntNSA-Approved Advocacy

2) If your Senators and Representatives are not sponsors, phone/email to encourage them to sign on as a co-sponsor in support of the TREAT Act:

- Write as individual citizens, addictions nurses, and IntNSA members, but NOT representing IntNSA as an organization
- Make sure they know that you reside in their state
- Use template #2 (on IntNSA website) to **encourage them to support the TREAT Act with revisions to the language about physician supervision**

To find your legislators:

SENATE:

- www.senate.gov/general/contact_info

HOUSE:

- www.house.gov/representatives/find/

IntNSA-Approved Advocacy

3) Check the status of the bill to make sure that it is still in the committees below, and send an email to the committee members encouraging them to support the TREAT Act, with the recommended language changes.

- Write as individual citizens, addictions nurses, and IntNSA members, but NOT representing IntNSA as an organization
- CHECK THE STATUS OF THE BILLS HERE:
 - S.B. 1455: <https://www.congress.gov/bill/114th-congress/senate-bill/1455>
 - H.R. 2536: <https://www.congress.gov/bill/114th-congress/house-bill/2536>

Committee Members:

SENATE:

- Health, Education, Labor and Pensions (5/22/15)
 - www.help.senate.gov/about/members

HOUSE:

- Energy and Commerce, Judiciary (5/21/15)
 - www.energycommerce.house.gov/about/membership
- Judiciary Subcommittee on Crime, Terrorism, Homeland Security and Investigations (6/16/15)
 - www.judiciary.house.gov/index.cfm/subcommittee-on-crime-terrorism-homeland-security-and-investigations

References

- Jones, C., Campopiano, M., Baldwin, G., McCance-Katz, E. (2015). National and State Treatment need and capacity for Opioid agonist medication-assisted treatment. *American Journal of Public Health*, 105(8), 55-63.
- Substance Abuse and Mental Health Services Administration (SAMHSA) Buprenorphine Website: www.buprenorphine.samhsa.gov
- TREAT ACT:
 - S.B. 1455: <https://www.congress.gov/114/bills/s1455/BILLS-114s1455is.pdf>
 - H.R. 2536: <https://www.congress.gov/114/bills/hr2536/BILLS-114hr2536ih.pdf>

For More Information:

**Susanne Astrab Fogger, DNP, CRNP,
PMHNP-BC, CARN-AP, FAANP**
Associate Professor
MSN Psychiatric Mental Health
Specialty Track Coordinator
School of Nursing
UAB | The University of Alabama at
Birmingham
NB 358 | 1720 2nd Avenue South
Birmingham, AL 35294-1210
P:205-996-6052

sfogger@uab.edu

Katherine Fornili, MPH, RN, CARN
Assistant Professor
University of Maryland School of Nursing
Dept. of Family & Community Health
655 W. Lombard Street, Suite 545 D
Baltimore, MD 21201
Office: 410-706-5553
Cell: 443-902-3622 (preferred)
Fax: 410-706-0253
