



# NEW JERSEY DEPARTMENT OF HUMAN SERVICES

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## Removing the Buprenorphine Waiver: Implications of the MAT Act in New Jersey

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# Financial Disclosure

The following session leader(s) have no relevant financial relationships with ineligible companies to disclose:

- Bob Eilers, MD

# Learning Objectives

- As a result of the presentation, participants will understand the new requirements for prescribing buprenorphine following the removal of the Federal requirement for an X-Waiver.
- As a result of the presentation, participants will recognize the need to increase access to medications for opioid use disorder (MOUD) and how this has led to the relaxing of the X-waiver and other requirements.
- As a result of the presentation, participants will recognize how stigma, racial and ethnic disparities, and other factors continue to impact the access to MOUD.

# DEA Announcement about the Waiver Removal

- DATA-Waiver/NOI registration no longer required to treat patients with buprenorphine for OUD.
- Buprenorphine prescriptions only require a standard DEA registration number (Schedule III).
- No longer any limits or patient caps on the number of patients a prescriber may treat.
- Does not impact existing state laws or regulations that may be applicable

## Mainstreaming Addiction Treatment (MAT) Act

- MAT Act, signed on 12/29/22, as part of the Consolidated Appropriation (Omnibus bill) Act
- Medication Access and Training Expansion (MATE) Act establishes new training requirements for all prescribers (not in effect until June 21, 2023).
- SAMHSA national campaign will:
  - encourage practitioners to integrate substance use treatment into their practices; and
  - provide education on publicly available educational resources and training modules

# Benefits vs. Risks of Rule Change

- Benefits of increased buprenorphine access
  - Prevent overdose deaths
  - Reduce illicit drug use
  - Increase SUD treatment retention
  - Slow infectious disease transmission (HIV, Hepatitis C, etc.)
- Potential Harms of new rules
  - Risk of increased diversion and overdoses with buprenorphine

# Rationale For the X-Waiver Removal

- Will increase access to MOUD and address the MOUD prescriber shortage and remove barriers for individuals who are at especially high risk for overdose.
- Will help to address the racial/ethnic disparities seen in access to MOUD
  - Black and Hispanic individuals have disproportionately less access to MOUD than do White individuals
- Will not increase risk of harms: NIDA studies show that relaxations during the PHE did not result in increased overdoses or known harms.
- Reduces the stigma associated with SUD and with MOUD, in particular.

# Federal regulations relaxed in response to the Public Health Emergency (PHE)

- Telemedicine expanded and face-to-face requirements for (e.g., Ryan Haight Act) for buprenorphine were suspended.
- Extended methadone take home policies and relaxed other federal rules for OTPs.
- Provided an NOI option and dropped 8-hour training requirements (30 patients cap)
- Mobile unit moratorium was lifted and guidance was released on mobile and non-mobile medication units
- ‘Three-Day (72-hour) Rule’ is amended



## Former CSAT Director Clark's concerns about the X-Waiver removal

- Relaxing the requirements will not change practitioner's attitudes about prescribing MOUD, nor address stigma.
- Does not address other factors hindering access:
  - Cost of medications and lack of insurance, especially in states without Medicaid expansion
  - Pharmacy stocking of buprenorphine and pharmacy deserts
  - Inadequate distribution of prescribers in some communities, especially prescribers of color.
  - Lack of requirements for counselling or other behavioral health services for those with co-morbid illness

# Are the concerns realistic?

- Policies relaxing patient limits may be more effective in increasing buprenorphine use than increasing the number of waived physicians (Stein et al, 2015).
- Some practitioners will not prescribe MOUD medications because of stigma and of misunderstandings.
- Pharmacy/hospitals supply of buprenorphine is already limited in some areas of the state.
- Paying for care problems remain; prescribers charge cash and medications have copays.
- State policies and practices may still be a barrier.

## Low Threshold MOUD Programs in NJ

- Mobile MOUD vans to jails and community
- Mobile buprenorphine for syringe access program
- Homeless shelter MOUD
- Hospital/Emergency Department MOUD - ED Bridge programs
- Paramedic – initiated and delivered buprenorphine
- Open access/extended hours methadone programs

## Ongoing Concerns and Future Issues

- Expanding MOUD to other providers ( e.g., pharmacists, non-OTPs) will be considered.
- Addressing fentanyl and newer threats (xylazine)
- Continuing the relaxed regulations, policies and practices in place during the pandemic
- Assuring the sustainability of effective SUD services
- Addressing workforce and training needs
- Conducting needed research to ensure access and identify unmet needs for MOUD services.