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## New York State Department of Health Leads Multistate Effort to Call on the Federal Government to Improve Access to Buprenorphine to Treat Opioid Disorder

Coalition of 22 States and Territories Calls for Changes to Outdated Federal Policy

Calls for Increasing the Cap on How Many Patients can be Treated and Allowing Emergency Department Providers to Prescribe

**ALBANY, N.Y.** (**April 8, 2019**) - The New York State Department of Health today announced that it is leading a <u>coalition of 22 states and territories</u> in requesting that Health and Human Services Secretary Alex Azar modify an antiquated policy that restricts a healthcare provider's ability to prescribe buprenorphine, an effective treatment option for opioid use disorder (OUD).

"Buprenorphine is an essential tool in the fight to end the opioid epidemic," said New York State Health Commissioner Dr. Howard Zucker. "Removing federal restrictions on prescribing buprenorphine will ultimately save lives and eliminate unnecessary barriers that prevent people with opioid use disorder from having access to treatment."

"Buprenorphine is a proven, effective medication that has made the difference in the lives of people across New York State and the nation in their treatment and recovery from opioid use disorders," said OASAS Commissioner Arlene González-Sánchez. "We will continue to explore every available path to increase access to this critical medication, and help all those suffering from addiction to receive the help and support they need to rebuild their lives."

Buprenorphine is highly effective in treating OUD by stopping cravings and blocking withdrawal symptoms common in people dependent on opioids. The federal Drug Addiction Treatment Act (DATA 2000), enacted by Congress years before the current opioid epidemic, allows healthcare providers who meet appropriate qualifications to treat OUD by prescribing buprenorphine. Current policy requires providers to obtain a waiver by completing either 8 hours (for physicians) or 24 hours (for nurse practitioners and physician assistants) of additional training and then limits the number of patients they can treat. Providers are capped at 30 patients in their first year, and then after reapplying and meeting additional criteria, 100 and 275 patients in the second and third years respectively. These federal caps contribute to shortages across the country of providers who can prescribe buprenorphine.

Further complicating matters, many hospitals in New York State start patients who survive an opioid overdose on buprenorphine while still in the emergency department and then refer them to or schedule an appointment with community providers to continue treatment. However, there may be a wait. Because many emergency department physicians have not taken the additional waiver training, they are not allowed to prescribe buprenorphine. The exception to federal regulations allows non-waivered practitioners to administer (but not prescribe) buprenorphine for up to three days in a row, which means patients are burdened with making daily trips to the hospital for this critical medication and then are left without treatment if the community provider cannot see them within that timeframe.

Ideally, the coalition would like to see federal legislation that eliminates the current waiver and training requirement so that all healthcare providers who are registered to prescribe controlled substances (such as opioids) are permitted to prescribe buprenorphine for treatment of OUD. In the interim, the coalition is calling for Secretary Azar to urgently intervene by allowing newly trained providers to increase the number of patients they are able to treat from 30 to 100 in the first year. The coalition is also asking the Secretary to work with the Drug Enforcement Agency to modify existing regulations so that emergency departments can prescribe two to four weeks of buprenorphine to patients with OUD so that they can remain on stable treatment while transitioning to community care.

For more information on New York State's efforts to address the opioid epidemic please visit <a href="https://www.health.ny.gov/community/opioid">https://www.health.ny.gov/community/opioid</a> epidemic/.

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