



Understanding the MATE ACT DEA 8 Hour Requirement



Understanding Mate Act

Agenda

Background

MATE ACT Training Requirement

MAT Waiver

NMS Courses Available



Medication Access and Training Expansion (MATE) Act

- Included in the omnibus spending bill passed by Congress in 2022
- Intended to address the opioid crisis
- Strengthen the infrastructure around addiction treatment
- Equip medical professionals to recognize and treat addiction
- Standardize and increase access to addiction treatment medications and training on how to integrate them into medical practice



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Medication Access and Training Expansion (MATE) Act

- Effective June 27, 2023
- Affects ALL DEA Certificate holders (except veterinarians)
- One-Time Requirement
- Upon initial registration or renewal of DEA registration (3 years)
- Applies to 1.9 million DEA certificate holders, 29,000 in Missouri
- Requires a total of at least eight hours of training on the management and treatment of patients with opioid or other substance abuse disorders



MATE ACT Primary Sponsors











Lori Trahan (D-MA)
Rep Buddy Carter (R-GA)
Rep David Trone (D-MD)

Senator Michael Bennet (D-CO) Senator Susan Collins (R-ME)



Goal of the MATE ACT (Senators Bennett and Collins)

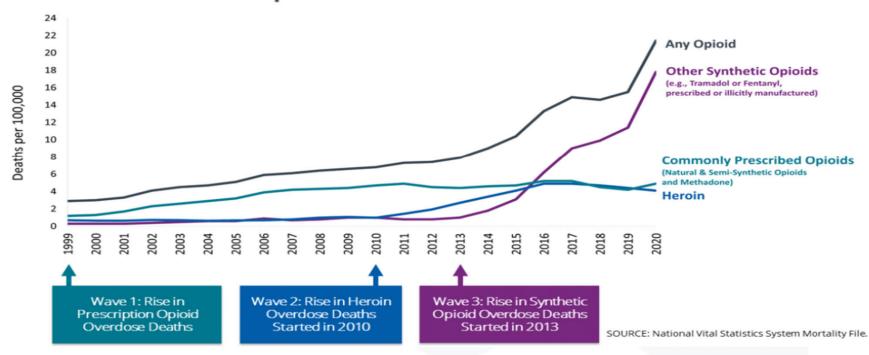
The Medication Access and Training Expansion Act would:

- Create a one-time, non-repetitive requirement for all Drug Enforcement
 Administration controlled substance prescribers (Schedule II, III, IV or V) to complete
 training on treating and managing patients with opioid and other substance use
 disorders, unless the prescriber is otherwise qualified.
- Allow accredited medical schools and residency programs, physician assistant schools, and schools of advanced practice nursing to fulfill the training requirement through comprehensive curriculum that meets the standards laid out in statute, without having to coordinate the development of their education with an outside medical society or state licensing body.
- Normalize addiction medicine education across certain professional schools and phase out the need for these future practitioners to take a separate, federally mandated addiction course.



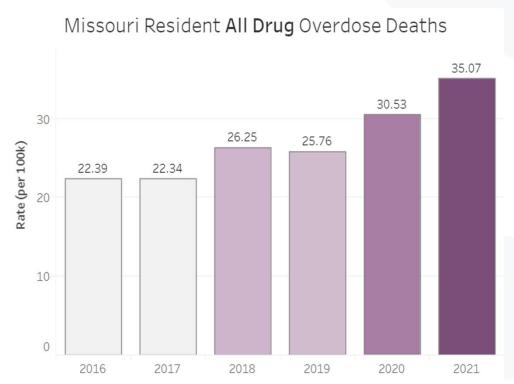
Why Substance Abuse Disorder CE

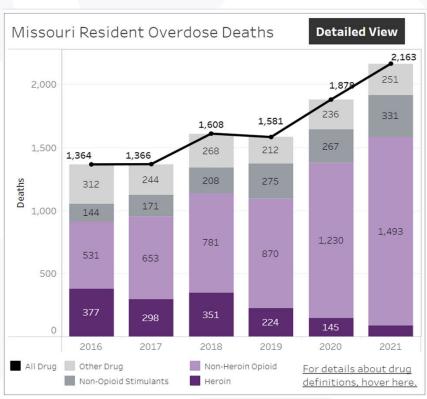
Three Waves of Opioid Overdose Deaths





Missouri Overdose Deaths







The Evolution of Missouri Opioid Deaths

Heroin vs. Synthetic Opioid Deaths Through the Decade (2014)

Press to play the graphic below. Hover over the bubbles for drug definition and count details.

Year

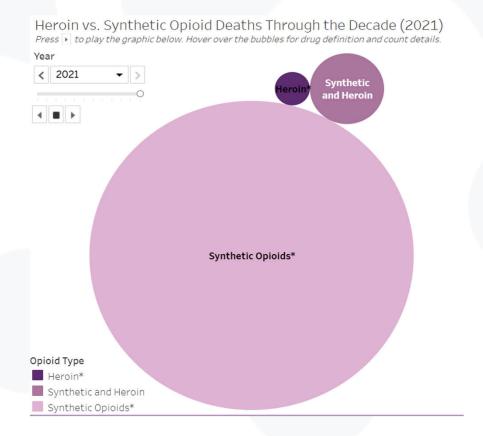
2014

Heroin*

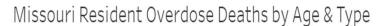
Synthetic Opioids*

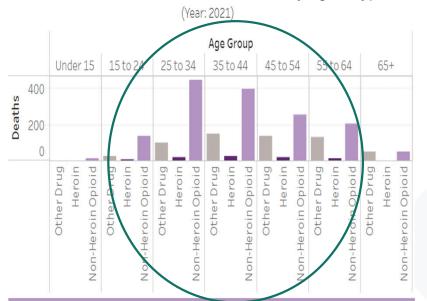
Dpioid Type
Heroin*
Synthetic and Heroin
Synthetic Opioids*

clinical education alliance

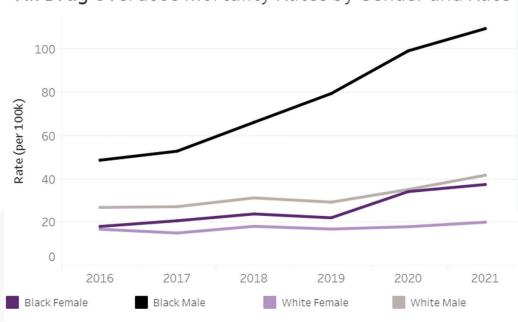


Missouri Overdose (Age, Gender and Race)







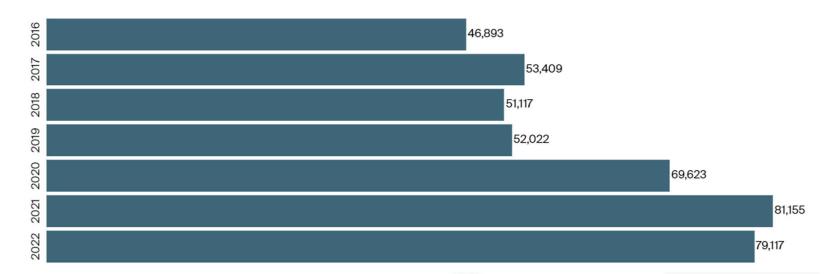




Overdose Deaths Worse Post Pandemic

During the first nine months of 2022, estimated overdose deaths declined from the same period in 2021 but were still 50 percent higher than pre-pandemic levels.

Total number of overdose deaths between January to September (nine-month period), by year





Missouri Drug Statistics

- 1,493 people die from opioid overdose in one year.
- Prescription opioids are a factor in 23.4% of opioid overdose deaths.
- Heroin is a factor in less than 5% of deaths.
- 76.7% of deaths involve synthetic opioids.
- Opioids are a factor in 70.3% of all overdose deaths.
- 19.6 out of every 100,000 residents die from an opioid overdose.
- That's 34.2% above the national death rate.
- 0.52% of hospital births are cases of neonatal opioid withdrawal syndrome.
- Doctors write enough prescriptions for 63.4% of residents to have one.
- 40,300 cases of hepatitis C are attributed to intravenous drug use.



The Opioid Crisis and Medicare

Medicare: Let's Level Set

Medicare/Substance Use Disorder Beneficiary Statistics



The number of Medicare beneficiaries with SUD needs is increasing and unmet.



In 2020, 1 million Medicare beneficiaries were diagnosed with opioid use disorder (OUD).



Fewer than 16% of beneficiaries with OUD receive medication, with less than 50% of them receiving behavioral therapy.



Overdose death rates have risen for minoritized groups, who make up an increasing proportion of the Medicare-enrolled population.



Rates of hospitalization and overdose among older adults continue to rise, despite declining rates in other age groups.

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ASAM Slides

DEA Notice March 27, 2023

https://deadiversion.usdoj.gov/pubs/docs/MATE Training Letter Final.pdf



U. S. Department of Justice Drug Enforcement Administration 8701 Morrissette Drive Springfield, Virginia 22152

www.dea.gov

DEA Registered-Practitioners

Dear Registrants:

On December 29, 2022, the Consolidated Appropriations Act of 2023 enacted a new one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners on the treatment and management of patients with opioid or other substance use disorders. Below is information on this new requirement.

Who is responsible for satisfying this new training requirement?

 All DEA-registered practitioners, with the exception of practitioners that are solely veterinarians

How will practitioners be asked to report satisfying this new training requirement?

 Beginning on June 27, 2023, practitioners will be required to check a box on their online DEA registration form—regardless of whether a registrant is completing their initial registration application or renewing their registration—affirming that they have completed the new training requirement.

What is the deadline for satisfying this new training requirement?

- The deadline for satisfying this new training requirement is the date of a practitioner's next scheduled DEA registration submission—regardless of whether it is an initial registration or a renewal registration—on or after June 27, 2023.
- This one-time training requirement affirmation will not be a part of future registration renewals.

How can practitioners satisfy this new training requirement?

There are multiple ways that practitioners can satisfy this new training requirement.

- · First, the following groups of practitioners are deemed to have satisfied this training:
 - Group 1: All practitioners that are board certified in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, the American Board of Addiction Medicine, or the American Osteonathic Association.
 - Group 2: All practitioners that graduated in good standing from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school in the United States within five years of June 27, 2023, and successfully completed a comprehensive curriculum that included at least eight hours of training

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- Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder; or
- Safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders.
- Second, practitioners can satisfy this training by engaging in a total of eight hours of training
 on treatment and management of patients with opioid or other substance use disorders from
 the groups listed below. A few key points related to this training:
 - The training does not have to occur in one session. It can be cumulative across multiple sessions that equal eight hours of training.
 - 2. Past trainings on the treatment and management of patients with opioid or other substance use disorders can count towards a practitioner meeting this requirement. In other words, if you received a relevant training from one of the groups listed below prior to the enactment of this new training obligation on December 29, 2022—that training counts towards the eight-hour requirement.
 - Past DATA-Waived trainings count towards a DEA registrant's 8-hour training requirement
 - Trainings can occur in a variety of formats, including classroom settings, seminars at professional society meetings, or virtual offerings.

What accredited groups may provide trainings that meet this new requirement?

- The American Society of Addiction Medicine (ASAM)
- The American Academy of Addiction Psychiatry (AAAP)
- American Medical Association (AMA)
- The American Osteopathic Association (AOA), or any organizations accredited by the AOA to provide continuing medical education
- The American Dental Association (ADA)
- · The American Association of Oral and Maxillofacial Surgeons (AAOMS)
- The American Psychiatric Association (APA)
- The American Association of Nurse Practitioners (AANP)
- . The American Academy of Physician Associates (AAPA)
- The American Nurses Credentialing Center (ANCC)
- Any other organization accredited by the Accreditation Council for Continuing Medical Education (AACCME) or the Commission for Continuing Education Provider Recognition (CCEPR), whether directly or through an organization accredited by a State medical society that is recognized by the ACCME or CCEPR
- Any other organization approved or accredited by the Assistant Secretary for Mental Health and Substance Use, the ACCME, or the CCEPR

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We hope this information is helpful. For information regarding the DEA Diversion Control Division, please visit www.DEAdiversion.usdoj.gov. If you have any additional questions on this issue, please contact the Diversion Control Division Policy Section at (571) 362-3260.

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Question on Registration

- Beginning on June 27, 2023, practitioners will be required to check a box on their online DEA registration form—regardless of whether a registrant is completing their initial registration application or renewing their registration—affirming that they have completed the new training requirement.
 - Do you hold a board certification in addiction medicine?
 - Have you graduated in good standing from an accredited medical school within the US in the past 5 years and successfully completed curriculum that included not less than 8 hours of training on treating and managing patients with opioid or other substance use disorders?
 - Have you completed at least 8 hours of training (inclusive or incremental) with respect to the treatment and management of patients with opioid or other substance use disorder?



Which Clinicians Must Fulfill the Requirement?

All DEA registered Practitioners (Except Veterinarians)



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Which clinicians are deemed to have already satisfied this training requirement?

- Physicians who are board-certified in addiction medicine or addiction psychiatry (ABMS, American Board of Addiction Medicine, AOA).
- Practitioners who have graduated from their US based professional school within five years of June 27, 2023, and completed a curriculum that included at least eight hours of coursework regarding SUD during that time.
- Practitioners who previously took training to meet the requirements of the DATA-2000 waiver to prescribe buprenorphine can count this training towards the 8-hour training requirements.



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What Can Count as Training

- 8 Hours in Management and Treatment of Opioid or other Substance Abuse Disorders
- Previously taken courses in substance abuse disorders and management of dental pain (recommend no longer than five years)
- Training can be classroom situations, seminars at professional society meetings, electronic communications, or otherwise
- Must have proof of education



Similar Requirements for NP's and PA's

• The practitioner has completed not fewer than 8 hours of training with respect to the treatment and management of patients with opioid or other substance use disorders (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise)





Recommendation for Courses

SAMHSA recommends that content should be related to the prevention, recognition, and care of people
with substance use disorders including those with concurrent pain and/or psychiatric and medical comorbidities. Categorized for organizational purposes, recommended core curricular training elements
could therefore include:

Substance Use Disorders

- Use of validated screening tools for SUD and risk factors for substance use, including mental disorders
- Diagnosis and assessment of individuals who screen positive for SUDs
- The initiation and management of FDA approved medications for SUDs (opioids, alcohol and tobacco), including the impact of unique, individual physiology and metabolism on medication pharmacodynamics
- Consideration of polysubstance use and co-occurring mental disorders
- Patient and family education on safety and overdose prevention (diversion control; safe storage; use of naloxone

https://www.samhsa.gov/medications-substance-use-disorders/provider-support-services/recommendations-curricular-elements-substance-use-disorders-training





Recommendations: Treatment Planning

Effective Treatment Planning

- Use of patient-centered decision making and paradigms of care, and use of evidence-based communication strategies such as shared decision making and motivational interviewing
- The impact of stigma, trauma and the social determinants of health on substance use and recovery
- Collaborating with other disciplines to facilitate access to medications and referrals to services such as case management
- Legal and ethical issues involved in the care of patients with SUD

https://www.samhsa.gov/medications-substance-use-disorders/provider-support-services/recommendations-curricular-elements-substance-use-disorders-training





Recommendations: Pain Management

Pain management and substance misuse

- The assessment of patients with acute, subacute, or chronic pain
- Components of developing an effective treatment plan, including general principles underlying nonpharmacologic and pharmacologic analgesic therapy, as well as the importance of multidisciplinary treatment interventions
- Managing patients on opioid analgesics, including tapering off the medication when the benefits of opioids no longer outweigh the risks
- Recognizing signs of OUD in the setting of prescribed opioids

https://www.samhsa.gov/medications-substance-use-disorders/provider-support-services/recommendations-curricular-elements-substance-use-disorders-training



Who Can Provide the Training

- the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Dental Association, the American Association of Oral and Maxillofacial Surgeons, the American Psychiatric Association, or any other organization accredited by the Accreditation Council for Continuing Medical Education (ACCME) or the Commission for Continuing Education Provider Recognition (CCEPR);
- Any organization accredited by a State medical society accreditor that is recognized by the ACCME or the CCEPR; Any organization accredited by the American Osteopathic Association to provide continuing medical education; or Any organization approved by the Assistant Secretary for Mental Health and Substance Use, the ACCME, or the CCEPR.



REIMBURSEMENT FOR Screening, Brief Intervention and Referral

- Reimbursement depending on time spent with patients
- Covered in the Missouri State Medical Association DEA Course

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	\$48.00



Different than Missouri Law

Missouri Law	Federal Law
Every Two Years	One Time
Fifty Hours	Eight Hours
No Specific Controlled Substances Requirement 50 hours every 2 years; all must be AMA Category 1 or AOA Category 1Aor 2A; or 40hours Category 1 or AOA Category 1A with proof of post- testing.	Treatment and Management of Patients with Opioid or Other Substance Abuse Disorders Meets 8 Hours of the Missouri Credit Requirement



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MAINSTREAMING ADDICTION TREATMENT (MAT) ACT

- No more patient limits for Buprenorphine
- Does not pre-empt state laws for Buprenorphine or Methadone
- 155,000 license holders have the x waiver across US (1,000 in Missouri)
- Missouri Guidelines for Controlled Substances
 - https://health.mo.gov/safety/bndd/doc/practitionersguidelines.doc
 - Buprenorphine https://health.mo.gov/safety/bndd/pdf/x-no-longer-required-on-buprenorphine-prescriptions.pdf
 - Risks for rapidly increasing the number buprenorphine patients



Differences With MAT

- MAT only applied to prescribers of buprenorphine
- Had to be verified at pharmacy level
- New Requirement
 - All DEA License Holders Regardless of What they Prescribe
 - 8 Hours
 - Self Reported
 - Similar Requirement for NP's and PA's
 - Takes Effect June 27, 2023 (68 Days From Now)



Missouri PDMP

MO Set to Launch Statewide Prescription Drug Monitoring Program

The enactment of this program will make Missouri the 50th to integrate prescription drug monitoring program (PDMP) data into the EHR.





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How does a PDMP Work (Missouri still in development)

- All dispensers providing controlled substances in quantities greater than 12-dosage units of a Schedule II–V controlled substance within a 72-hour period to an individual patient in the state Missouri must submit the information in accordance with current transmission methods and frequency established by the Missouri State Board of Pharmacy.
- This information be reported within one business day. If no prescriptions are dispensed, however, zero reporting may still be reported weekly.
- If you are a Missouri-licensed practitioner (excluding veterinarians) who routinely (however infrequently) dispenses more than 12-dosage units of a Schedule II–V controlled substance to an individual patient within a 72-hour period, you must report this data to the MO PMP as described above.
- Missouri Prescription Monitoring Program (PMP) utilizes the Bamboo Health platform.
- Bamboo Health is a prescription monitoring solution that provides state government agencies with accurate, real-time data, compliant with their regulations. With Bamboo Health end users, prescribers, and dispensers make better informed decisions and may intervene earlier.
- •St. Louis County's PDMP will dissolve once the statewide PDMP has been fully implemented.

DEA Registration Location Questions

Multi State License holders

• DEA license holders working in multiple states must have multiple licenses it is our understanding that you only need to fulfill the educational requirement once.

Multiple Offices

A separate location is required for each principal place of business or professional practice at one general physical location where controlled substances are manufactured, distributed, imported, exported, or dispensed by a person. The educational requirement applies for mutliptle locations for the same prescriber

DEA Registrations should use work address

 If prescriber uses their home address in application, their home could be subject to unannounced inspections and searches



Important DEA Information

- Cost for DEA prescriber license is \$888 for three years
- Prescribers working in multiple states must have multiple licenses
- Individual states may have educational requirements in order to obtain and maintain a
 valid license in that state. DEA merely requires that all state licensing requirements be
 met in order to obtain a DEA registration in that state.
- WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under <u>Title 18 of not more than \$250,000</u>, or both.
- DEA has stated that subject to a routine audit or complaint a prescriber may be asked to demonstrate proof of fulfillment of this requirement



MISSOURI STATE MEDICAL ASSOCIATION COURSE

- 8 Hour Course to Meet the DEA Requirements
- Can be taken online (Options)
 - Slides and Audio
 - Print and Slides

- **Available Now**
- Weekend Seminars
 - Saturday, June 24, 2023: 9-5 ET
 - Saturday, July 22, 2024: 9-5 ET

MEET NEW DEA REQUIREMENTS

DEA Required Course – 8 hours of instruction on treatment or management of patients with opioid or other substance abuse disorders

- Credit includes ACCME, AAFP, AAPA, AANP, Specialty Board Certifications (21 boards, MIPS Improvement Activity), MIPS Improvement Activity
 - Missouri \$199 for members \$249 for non-members (additional costs for live courses)
 - Meets the Missouri Board of Medicine Requirements



MSMA DEA CONTROLLED SUBSTANCE PRECRIBING AND SUBSTANCE ABUSE COURSE

Program Agenda

- Principles of Controlled Substance
 Prescribing
- Risk Mitigation Strategies for Controlled
 Substances
- Basics of Pain Management
- Managing Opioid Therapy
- Substance Use Disorders

- Opioid Use Disorder
- Alcohol Use Disorder
- Tobacco and Cannabis Use Disorder
- Stimulant and Sedative Use Disorder



To Join the Program

 https://clinicaloptions.com/ /content/dea-resourcecenter

Includes

- Course Registration
- Frequently Asked Questions
- Links to Websites with Patient Materials



HOME ACTIVITIES

LIVE EVENTS CO

CONFERENCE COVERAG

SPECIALTIES *

BOUT US



DEA Resource Center

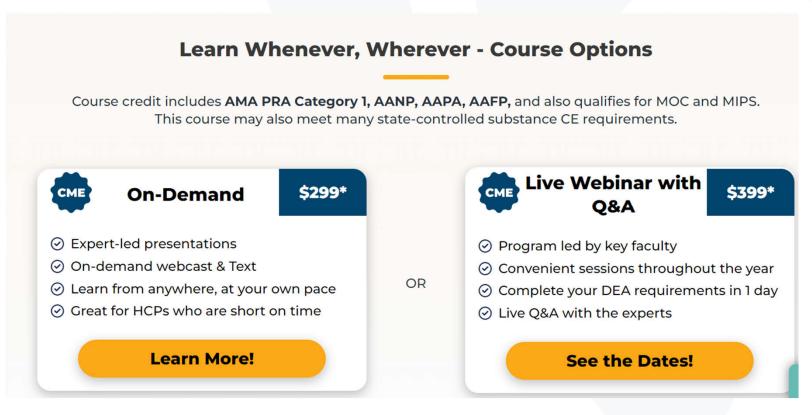
DEA Compliant 8-Hour Substance Abuse Disorders Resource Center

Starting June 27, 2023, the US Drug
Enforcement Administration (DEA) will require all
DEA license holders to take at least 8 hours of
training on opioid or other substance use
disorders, as well as the safe pharmacologic
management of dental pain, to apply for or renew
their DEA registration. Review the DEA fact sheet





https://clinicaloptions.com/content/dea-resource-center





For Additional MATE ACT Background

- DEA Notice: https://deadiversion.usdoj.gov/pubs/docs/MATE Training Letter Final.pdf
- FAQ: https://clinicaloptions.com/content/dea-fags

Policy and Medicine Articles

- https://www.policymed.com/2023/04/dea-publishes-requirements-for-mateact-one-time-requirement-for-eight-hours-of-substance-abuse-disordertraining.html
- https://www.policymed.com/2023/01/mate-act-becomes-law-dea-prescriberlicense-holders-required-to-complete-8-hours-of-education-on-opioidtreatment.html
- https://www.policymed.com/2023/04/samhsa-publishes-faqs-on-removal-of-xwaiver-requirement.html



Discussion







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www.policymed.com

