

Licensure of Substance Abuse Treatment Programs – Required Amendments



Public Health Council

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Overview



- Overview of Chapter 258, *An Act to Increase Opportunities for Long Term Substance Abuse Recovery*;
- Summary of required amendments : *SECTIONS 8 and 13*;
- Overview of additional amendments; and
- Next steps.



Chapter 258:



Chapter 258 of the Acts of 2014, *An Act to Increase Opportunities for Long Term Substance Abuse Recovery*, set forth multiple required interventions across state agencies and entities, in an effort to reduce barriers and increase access to coordinated substance abuse treatment with the goal of reducing statewide opioid overdoses.



Brief Overview of SECTIONS 8 AND 13:



The law requires the Department to license any corporate entity treating more than 300 patients for opioid dependency with agonist therapy that is not already regulated as a hospital or clinic by the Department.

Additionally, it requires that all licensed services integrate best practices, such as overdose prevention, coordination of care, patient protection, and family support services.



SECTION 13:



In response to Chapter 258, SECTION 13, the Department will license corporate entities with over 300 patients being treated for opioid use disorder with agonist therapy in their offices (Office Based Opioid Treatment or OBOT).

Currently, such entities are not licensed by the Department and have little oversight.

The amendment to the regulations focus on ensuring patient safety, patient rights, and diversion controls as it relates to buprenorphine prescribing.



Brief Overview of the federal Drug Addiction Treatment Act (DATA) of 2000 And SECTION 13:



To encourage the integration of opioid treatment into primary care, mental health, and psychiatric office based settings, the federal government allowed physicians who are DATA (Drug Addiction Treatment Act) Waived to prescribe buprenorphine for the treatment of opioid use dependency in such settings.

DATA Waived physicians must meet Drug Enforcement Agency (DEA) criteria, such as having 8 hours of training or addictions specialty certification, and must have a separate DEA registration

DATA Waived physicians who meet DEA criteria may treat 30 patients in the first year and 100 in the subsequent years.

DATA 2000 recommends but does not require that prescribers provide or refer patients to behavioral health care.

DATA 2000 does not contain any patient protections related to treatment access, discharge, coordination of care, the use of drug screening, or diversion control measures.

Chapter 258, SECTION 13 seeks to remedy this by requiring the Department to promulgate regulations that mandate the licensing of large OBOTs.



SECTION 8: Coordination of Care



In response to the mandated requirement, the amendments include:

- Coordination of substance abuse, mental health and primary care from the point of entry to discharge and aftercare planning;
- Assessment of risk of overdose and coordination of care throughout treatment, including referrals to community based overdose prevention services;
- Education on the benefits and risks of medication assisted treatment at admissions and support for concurrent care;
- Demonstration of coordinated and integrated care and engagement with family and social supports at intake, throughout treatment, and as part of aftercare planning;
- Documented training for staff on the above requirements;



SECTION 8: Coordination of Care



- Non-emergency discharges must include the right to grieve prior to being terminated and regardless of type of discharge, referrals must be coordinated;
- Grievance process must be posted and must include BSAS Compliant Line information; and
- For providers of agonist treatment, must minimally:
 - Conduct random call backs,
 - Conduct random drug screens, and
 - Use the PMP at admission and periodically throughout the course of treatment



Additional Amendments:



- The replacement of “agonist” with “**FDA approved medication to treat opioid use disorder**” to ensure the inclusion of current and future FDA approved medications;
- Clearer language regarding non- discrimination requirements was included;
- Requirement that Licensees must conduct a DCF screen prior to hiring employees serving persons under the age of 18 or families with children under 18; and
- Requirement that Licensees must report unsafe conditions to authorities with relevant jurisdiction.



Next Steps:



- PHC Approval - August 12, 2015
- Posting of Draft Amended Regulations for Public Comment – Immediately
- Hearing – \geq Five Weeks ~ September 23, 2015