Understanding the MATE ACT DEA 8 Hour Requirement
Agenda

Understanding Mate Act
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
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, 12,552 in New Mexico
• 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

Wave 1: Rise in Prescription Opioid Overdose Deaths
Wave 2: Rise in Heroin Overdose Deaths Started in 2010
Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

Fentanyl overdose deaths spiking in New Mexico

Number of deaths by drug

Source: Legislative Finance Committee, New Mexico Department of Health
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.

Source: Commonwealth Fund 2023
New Mexico Drug Statistics

- 338 people die from opioid overdose in one year.
- Prescription opioids are a factor in 52.1% of opioid overdose deaths.
- Heroin is a factor in 38.5% of deaths.
- 31.1% of deaths involve synthetic opioids.
- Opioids are a factor in 62.9% of all overdose deaths.
- 16.7 out of every 100,000 residents die from an opioid overdose.
- **14.4% above the national death rate.**
- 1.51% of hospital births are cases of neonatal opioid withdrawal syndrome.
- Doctors write enough prescriptions for 49.4% of residents to have one.
- 26,700 cases of hepatitis C are attributed to intravenous drug use.

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.
DEA Notice March 27, 2023

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)
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.
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)
- May be able to count New Mexico 5 hour-requirement
  - Not repetitive credit
- 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 co-morbidities. 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)

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

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

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 accredits or 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 New Mexico Medical Society DEA Course

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<th>Code</th>
<th>Description</th>
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<td>H0050</td>
<td>Alcohol and/or drug screening, brief intervention, per 15 minutes</td>
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### Different than New Mexico Law

<table>
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<tr>
<th>New Mexico Law</th>
<th>Federal Law</th>
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<tr>
<td>Every Three Years</td>
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<tr>
<td>Five Hours</td>
<td>Eight Hours</td>
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<tr>
<td>Safe Prescribing for Pain Management and Harm Reduction</td>
<td>Treatment and Management of Patients with Opioid or Other Substance Abuse Disorders</td>
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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 New Mexico)
• New Mexico Guidelines for Buprenorphine Prescribing
  
• 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)
New Mexico PDMP Requirements

• 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 of New Mexico must submit the information in accordance with current transmission methods and frequency established by the New Mexico 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 New Mexico-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 NM PMP as described above.

• New Mexico Prescription Monitoring Program (PMP) utilizes the PMP AWARxE platform.

• PMP AWARxE is a prescription monitoring solution that provides state government agencies with accurate, real-time data, compliant with their regulations. With AWARxE, end users, prescribers, and dispensers make better informed decisions and may intervene earlier.

• To register with the PMP, visit: https://newmexico.pmpaware.net/login.
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 multiple 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 Title 18 of not more than $250,000, 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
NEW MEXICO MEDICAL SOCIETY COURSE

• 8 Hour Course to Meet the DEA and NMMB Requirements
• Can be taken online (Options)
  – Slides and Audio
  – Print and Slides
  – Downloadable PDF
  – Weekend Seminars
    – Saturday, June 24, 2023: 9-5 ET
    – Saturday, July 22, 2024: 9-5 ET
  – Credit includes ACCME, AAFP, AAPA, AANP, Specialty Board Certifications (21 boards, MIPS Improvement Activity)
    – New Mexico $199 for members $249 for non-members (additional costs for live courses)
    – Meets the New Mexico Board of Medicine Requirements
# NMMS DEA Controlled Substance Prescribing and Substance Abuse Course

## Controlled Substance Prescribing & Pain/Opioid Management

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<tr>
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<td>General Principles of Controlled Substance Prescribing</td>
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<tr>
<td>30 minutes</td>
<td>Universal Risk Mitigation Strategies for Controlled Substances</td>
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<tr>
<td>60 minutes</td>
<td>Basics of Pain Management</td>
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<tr>
<td>60 minutes</td>
<td>Managing Patients on Opioid Analgesics</td>
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## Substance Use Disorders

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<td>Introduction to Substance Use Disorders</td>
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<tr>
<td>60 minutes</td>
<td>Opioid Use Disorder</td>
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<tr>
<td>60 minutes</td>
<td>Alcohol Use Disorder</td>
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<tr>
<td>60 minutes</td>
<td>Cannabis and Tobacco Use Disorders</td>
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<tr>
<td>60 minutes</td>
<td>Stimulant and Sedative Use Disorders</td>
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For Updates

- https://clinicaloptions.com/content/dea-resource-center
For Additional MATE ACT Background

• FAQ: https://clinicaloptions.com/content/dea-faqs

Policy and Medicine Articles


Discussion
THANK YOU

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