

Deregulating the Treatment of OUD

The “X-Waiver”

The Drug Addiction Treatment Act of 2000 (DATA 2000) amended the Controlled Substances Act (CSA) to allow practitioners who meet certain training and educational requirements to apply for a waiver from federal opioid treatment program registration requirements and prescribe or dispense buprenorphine to individuals with opioid use disorder (OUD) in an office-based setting.

As of October 21, 2019, there were approximately 102,570 DATA 2000-waived practitioners in the United States. Yet, many prescribers have waitlists and some DATA-waived practitioners choose to not prescribe buprenorphine at all. As such, patients are being turned away.

The DATA-2000 waiver requirements have been criticized as onerous and outdated. Stakeholders have recommended the removal of the waiver requirement and patient in order to expand access to treatment for OUD and have recommended deregulating methadone to allow certain primary care clinics to prescribe methadone for OUD.

While some proposals for reform call for completely eliminating the waiver and patient limits, others additionally recommend eliminating the waiver and patient limits and requiring education on care process models, screening, intervention, and treatment or referral to treatment, in order to dispense or prescribe any controlled medication.

Legal Authority of Emergency Medical Services to Administer Controlled Substances

On May 2, 2019, Rep. Paul Tonko (D-New York) introduced the Mainstreaming Addiction Treatment Act to “X the X Waiver” in the House with companion legislation in the Senate.

The Act would amend section 303(g) of the CSA to eliminate the separate registration requirements for dispensing medications in schedules III, IV, or V, such as buprenorphine, for maintenance or detoxification, and would eliminate patient limits.

The Act also directs the Secretary of Health and Human Services to conduct a national education campaign to educate practitioners about the elimination of the separate registration requirement. This campaign must:

1. Encourage practitioners to integrate substance use treatment into their practices, and
2. Include education on publicly available educational resources and training modules that can assist practitioners in treating patients with OUD.

The House Bill, H.R. 2482, has been referred to the Subcommittee on Crime, Terrorism, and Homeland Security.

The companion Senate Bill, S.2074, has been referred to the Committee on Health, Education, Labor, and Pensions.