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COALITION OF MEDICATION-ASSISTED TREATMENT PROVIDERS AND ADVOCATES

Opioid Treatment Program Support Needed in the Event of COVID-19 Emergency Quarantine/Shelter-in-Place

Opioid Treatment Programs (OTPs) are essential providers, dispensing methadone and buprenorphine and behavioral health care to patients with opioid use disorder (OUD).

In the event of that an escalation in the response to the COVID-19 crisis is required that necessitates an area-wide quarantine/shelter-in-place, it is imperative that programs remain open so that patients with opioid use disorder (OUD) can continue to receive these medications which drastically reduce the risk of overdose.

It is critical that the OTP system remains operational so that hospitals are not burdened with additional increases in overdoses, nor required to medicate patients should the OTP system falter.

SAMHSA's Disaster Planning for Behavioral Health Programs provides for continued methadone dosing and notes that "local hospitals also may be overwhelmed with ill patients and find it difficult to dispense methadone to referred OTP patients or to treat patients needing medical detoxification."¹

In a quarantine/shelter-on-place scenario, OTPs could provide continuity of medication utilizing two main approaches, used in tandem:

1. With CSAT approval, OTPs may provide take-home doses for patients earlier in recovery and for longer periods than usual.
 - a. This requires OTPs to utilize essential staffing required to dispense medication,
 - b. Emergency reimbursement for take-home medication is needed to sustain OTPs during this period of drastically decreased revenue.

2. Medication would have to be delivered to patients who are quarantined and/or in isolation.

¹ SAMHSA TAP 34, *Disaster Planning Handbook for Behavioral Health Programs*, <http://bit.ly/3b18X55>



- a) SAMHSA guidelines detail the requirements to deliver methadone to patients which includes a doorstep delivery in a lockbox. <https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp>
- b) The DEA has issued an exception to allow transport of methadone to patients by a staff member of an OTP, law enforcement officer or member of the national guard. [https://www.dea.gov/divisions/gdp/DEA-DC-015%20SAMHSA%20Exemption%20NTP%20Deliveries%20\(CoronaVirus\).pdf](https://www.dea.gov/divisions/gdp/DEA-DC-015%20SAMHSA%20Exemption%20NTP%20Deliveries%20(CoronaVirus).pdf)

Simply put, OTPs would need to dispense as much additional take-home medication for patients that are stable as is possible and to mobilize a plan for essential staff to continue to dispense for unstable patients and coordinate the delivery of medication under quarantine/isolation for the OTP patients per SAMHSA and DEA guidelines.

Problems to Resolve

Additional Take-homes:

The necessary emergency plan will result in a sudden and severe loss of revenue for OTPs that are directly impacted. OTPs will need an immediate adjustment in reimbursement to support their continued operation during this period. COMPA has proposed an emergency weekly bundle which will sustain programs during the emergency blanket waiver.

In the event that an escalation in the response to COVID-19 is required and a mandatory area quarantine is imposed, COMPA proposes that the use of our proposed “weekly bundle” be authorized to **include take-home medication** and enable any telehealth/telephone services for patients while in quarantine.

Medication Delivery to Patients:

1. In NYC, there are few OTPs with the ability to transport medication, and it is unclear that these OTPs would have the capacity to manage the additional delivery needs of OTPs without this ability.
 - i) Delivery capabilities must be identified. The DEA waiver provides an exception that during the COVID-19 crisis deliveries of methadone to patients can only be made by OTPs, law enforcement or the national guard. Any gaps in the ability of OTPs to deliver methadone must be addressed and coordinated by State and local authorities.
 - ii) Protective equipment and supplies must be made available to OTPs (masks, gloves, hand sanitizers, lockboxes).

iii) Coordinate any requirements for delivery transportation with local authorities and law enforcement during shelter-in-place to ensure ease of movement for all OTP staff and alert law enforcement to drop-offs for added security.

2) Establish Add-on code for OTPs providing actual delivery of medication to quarantined patients.

To summarize, with Federal waivers, crucially needed temporary emergency adjustment to the reimbursement structure and the support of State and local partners, the OTP system can respond quickly to this crisis, providing important continuity to our patients.