Energy and Commerce Health Subcommittee Hearing on SUPPORT Act Reauthorizations – June 21, 2023

Questions for the Record for SAMHSA Witness Tom Coderre

The Honorable Earl L. "Buddy" Carter

1. *Mr. Coderre - How does CMS/SAMHSA promote transparency and accountability in substance use treatment facilities and behavioral treatment centers?*

SAMHSA Answer:

SAMHSA has developed best practices and treatment protocols for multiple types of treatment programs, which are publicly available documents. For example, SAMHSA certifies Opioid Treatment Programs (OTPs) and oversees the accreditation bodies that are responsible for reviewing the extent to which OTPs adhere to 42 CFR Part 8, which is the regulation that governs OTP services. In addition to reviewing for regulatory compliance, accreditation bodies also have established standards of treatment to which OTPs are expected to adhere. In order to become certified or to renew certification, an OTP must comply with all state and local laws in addition to meeting accreditation requirements. All OTP certification information is freely available on SAMHSA's website and includes relevant statutes, regulations and guidelines.

2. Mr. Coderre - How does CMS/SAMHSA address the regulation and oversight of youth residential facilities, which may offer behavioral treatment services and substance use disorder treatment?

SAMHSA Answer:

Residential facilities that provide behavioral health treatment, including substance use disorder treatment, for youth are regulated at the state level. SAMHSA supports these facilities, specifically those that treat pregnant and postpartum women, through various funding programs, guidance, and technical assistance to improve their services. For example, SAMHSA administers the Services Program for Residential Treatment for Pregnant and Postpartum Women grant program that allows women to receive substance use disorder treatment in residential facilities where they can reside with their minor dependent children.

In addition, the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) can be used by states for substance use disorder treatment in state licensed residential facilities that serve youth. SAMHSA oversees the allocation of SUBG funding to states and territories to provide substance use disorder (SUD) treatment services for youth and young adults; monitors SUBG grant funds; promotes the use of SUBG funding for SUD Recovery Support Services; and facilitates SUBG grantee and sub-recipient access to robust technical assistance resources to improve the planning and delivery of services to youth. SAMHSA also contributes to the oversight of these facilities through activities such as performance monitoring, including site visits, during state-level quality assurance reviews.

3. Mr. Coderre - How does CMS/SAMHSA address the need for training and review the qualifications of staff working in youth behavioral treatment centers?

SAMHSA Answer:

SAMHSA offers training, best practices and technical assistance through over 50 Technical Assistance Centers, including Centers of Excellence and Technology Transfer Centers, and through a myriad of education, diagnosis, treatment and recovery focused products offered through our Evidence Based

Practice Resource Center. These programs offer training to providers who treat patients with substance use disorders and mental health conditions in a wide variety of settings and at different levels of care across the country.

4. Mr. Coderre - How does CMS/SAMHSA handle timely reporting and data collection of substance use disorder treatment outcomes for youth?

SAMHSA Answer:
SAMHSA is committed to collecting and analyzing data for continuous improvement of treatment outcomes in a timely manner.

The SAMHSA's Performance Accountability and Reporting System (SPARS) provides real-time performance monitoring of SAMHSA's discretionary grant portfolio and allows SAMHSA to provide timely, accurate information to stakeholders and Congress. Data collected through SPARS are used to monitor the progress of SAMHSA's discretionary grants, serve as a decision-making tool on funding, and improve the quality of services provided through the programs.

In terms of data collection, we also use our national data systems. We work closely with states and treatment providers to ensure timely and accurate reporting of data.

5. Mr. Coderre - Much of the legislation under consideration today is centered on treating addiction after the fact, which is of course a critical piece of the puzzle. However, the number of opioid related deaths is going up, not down, so we must also focus on prevention. If we could enact policies to shift prescribing away from opioids to non-opioid medicines – do you think it would help address part of the problem – which is easy access to prescription opioids?

SAMHSA Answer:
Addressing the root causes of the overdose crisis is multifaceted and indeed requires a multi-pronged approach, including focusing on prevention. Shifting prescribing practices to favor non-opioid medicines where appropriate may be part of the solution. SAMHSA is dedicated to promoting best practices in prescribing and supports ongoing education for healthcare providers on this topic, such as through its Providers Clinical Support Services, a training and mentoring service for providers. In addition to provider education, both patient and public education about the risks of opioid medications is also essential to preventing substance misuse and overdose. SAMHSA provides a myriad of prevention and education resources through our programs and on our website. Our colleagues at the CDC and other agencies within HHS also provide public health prevention and education materials through their work.

The Honorable Greg Pence
Mr. Coderre, the opioid and illicit Fentanyl epidemic is having a devastating social and economic impact on our country. According to the CDC, there were an estimated 100,306 drug overdose deaths in the United States during the 12-month period ending in April 2021, an increase of 28.5 percent from the year prior. The Indiana Department of Health reported 2,554 Hoosiers died of drug overdoses in 2021 and over 70 percent of the deaths were caused by illicit Fentanyl and other synthetic opioids. In addition to ensuring law enforcement have the resources necessary to combat the illicit drugs flooding our communities, we must also support mental health and substance use disorder treatment centers helping those battling addiction. Treatment centers in the Hoosier State, such as Centerstone, are working tirelessly to deliver care that changes people's lives. The Comprehensive Opioid Recovery Centers

program provides critical assistance to opioid treatment and recovery centers for vulnerable communities.

1. *As we look to reauthorize the program through the SUPPORT Act, how have CORCs helped to ensure individuals are receiving adequate treatment, and should we consider long-term care for those suffering from continued mental and behavioral health issues?*

SAMHSA Answer:
Comprehensive Opioid Recovery Centers (CORCs) have been instrumental in providing holistic, patient-centered care for individuals suffering from opioid use disorders. These centers often serve as a lifeline in their communities, offering services including treatment with medications for opioid use disorder, counseling, and recovery support services. For example, SAMHSA's CORC grantee in Indiana provides outreach across the state on the benefits of medications for opioid use disorder (MOUD) and harm reduction. The grantee developed a training to reduce stigma and provided education on MOUD, which was provided to a total of 604 providers and community partners. They also used funding to work with a jail in Bloomington to place a Narcan dispensing machine in the lobby for people being released or for any jail visitors to access. Finally, the grantee used funding in Scott County to expand recovery housing for women by creating 8 new recovery beds. The program has enrolled 272 individuals, surpassing targeted goals.

As for long-term care, sustained access to treatment and recovery services is indeed a critical component of successful recovery for many. SAMHSA is currently working with partners across HHS on policies that encourage further integration of behavioral health services with primary care to ensure ongoing management of these chronic conditions. Further, SAMHSA works with providers and entities that provide peer support and other recovery services as we aim to further expand these recovery support services throughout communities. Ensuring that communities have easily accessible treatment and recovery support services is vital to ensuring that individuals continue to achieve wellbeing and thrive.

The Honorable Troy Balderson

1. *We can all agree that Naloxone is a life-saving medication, and we must do everything we can to ensure that it is widely distributed. However, there is a need to educate consumers, patients and caregivers that Naloxone is not self-administered. Do you agree that Naloxone cannot be self-administered? If so, how is SAMHSA educating patients and consumers about this fact, i.e., that naloxone, unlike an Epi Pen, is not self-administered? Lastly, would SAMHSA be willing to clarify and amplify this message on its website?*

SAMHSA Answer:
While it's true that naloxone requires assistance to administer in overdose situations due to the victim's incapacity, it's important to clarify that it is designed for use by laypersons, including family, friends, and bystanders. SAMHSA is committed to educating the public about the proper use of overdose reversal medications through various outreach efforts, including through overdose FAQs recently published on our website. We also agree on the importance of accurate information on our website and constantly review our content to ensure that it provides the most accurate and clear information on overdose reversal medications and their appropriate use.

As examples of SAMHSA's work to educate the public on the appropriate use of overdose reversal medication, SAMHSA's Building Communities of Recovery (BCOR) and Recovery Community Services

Program (RCSP) grants allow grant recipients to conduct public education. BCOR, RCSP, and Recovery Community Services Program-Statewide Network programs allow grant recipients to "directly provide or collaborate with regional and local harm reduction community partner efforts currently underway as they intersect and relate to RSS and that encompass harm reduction elements." In addition, SAMHSA developed an "Opioid Overdose Prevention Toolkit" in 2018, which is in the process of being updated to provide the most up-to-date resources, and provides instructions on how to administer naloxone.

The Honorable Ann Kuster

1. *Last year Congress repealed the X waiver, which required that providers receive 8 hours of education to be permitted to prescribe buprenorphine. Many providers may now be interested in prescribing buprenorphine but haven't been trained on treating substance use disorders (SUD) during their medical training. Can you speak to the importance of provider education programs such as the Provider's Clinical Support System (PCSS)?*

SAMHSA Answer:

Provider education programs like the Providers Clinical Support System (PCSS) are essential in bridging the gap between policy change and practical implementation of treatment for substance use disorders. These programs not only educate providers about prescribing medications like buprenorphine safely and effectively but also equip these providers with the knowledge to handle the complexities of addiction treatment. There are two segments of the PCSS system: one that supports training and mentoring for currently practicing providers and one that provides education for students in graduate healthcare programs. These PCSSs also promote the integration of SUD curriculum into regular healthcare education. Programs like the PCSS are vital to ensure that providers have the training and resources they need to appropriately and effectively treat patients with substance use disorders.

2. *Under current law and regulation, do you agree that SAMHSA grants can be used for the purchase of medical devices used to treat, monitor, or assist withdrawal in individuals taking opioids?*

SAMHSA Answer:

Though SAMHSA has the authority to make determinations on whether or not a device may be purchased with funds from our grant programs, we defer to other agencies with regards to federal government clearance or approval of these devices. That being said, under current law and regulation, SAMHSA grants may be used for the purchase of FDA-cleared or approved medical devices used to treat, monitor, or assist with withdrawal symptoms in individuals taking opioids, provided that these expenditures align with the objectives of the specific grant program and meet appropriate clinical indications and standards of care in substance use disorder treatment. It is important to note that several SAMHSA grant programs, where State agencies are the grant recipients, allow for significant flexibility in how grant dollars are allocated within what is allowable by SAMHSA.

The Honorable Paul Tonko

1. *We have heard that SAMHSA has been working on a report on expanding access to buprenorphine. When will that report will be finalized and issued?*

SAMHSA Answer:

We recognize the critical importance of expanding access to buprenorphine for the treatment of opioid use disorders and intend to increase access using robust evidence and data. SAMHSA has previously worked with the Assistant Secretary for Planning and Evaluation to assess the impact of the 2021

revision to the Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder. This report is available, and we will use it as a basis for the report required by section 1263 of the Consolidated Appropriations Act, 2023. This report, due at the end of 2027, will assess the impact of elimination of the DATA 2000 waiver program, otherwise known as the X waiver. The lead time on this report will allow for scientific analysis of data that appropriately informs policy and planning.