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Title: Expanding Access to Medication for the Treatment of Opioid Use Disorder

Introduced by: Mara Darian, for the Medical Student Section

Original Authors: May Chammaa, Tabitha Moses, and Brianna Sohl

Referred To: Reference Committee B

House Action: **APPROVED AS AMENDED**

Whereas, in 2017, there were 21.2 opioid overdose deaths per 100,000 persons in Michigan, which is higher than the national rate of 14.6 deaths per 100,000 persons; nationally, more than 2 million people have an opioid use disorder (OUD) but fewer than 10 percent have accessed treatment, and

Whereas, medications for opioid use disorder (MOUD), which includes the full agonist methadone and the partial agonist buprenorphine, are evidence-based, gold standard, effective treatments for OUD that lessen the harmful health and societal effects of such substance use disorders, and

Whereas, opioid agonist treatment (OAT), such as buprenorphine, is well documented to reduce rates of relapse, decrease self-reported opioid cravings, and increase opioid free urine samples in clinical trials, and is being formulated into extended release and implantable drug eluting systems to improve adherence, and

Whereas, the Drug Addiction Treatment Act of 2000 (DATA-2000) allows physicians to obtain a waiver from the Narcotic Addict Treatment Act registration requirements to treat OUD with Schedule III, IV, and V drugs or a combination of them (including buprenorphine); physicians are eligible to prescribe buprenorphine-based medications if they pass an eight-hour course, and after obtaining their current state medical license and a valid DEA registration number, they then apply for a waiver, and

Whereas, the DATA-2000 law states that eligible physicians during their first year following certification can treat at one time up to 30 patients, after which physicians may expand their patient cap to 100, and one year thereafter physicians and qualifying other practitioners who meet certain criteria can apply to increase their patient limit to 275, and

Whereas, between 2016 and 2018, there was a 175 percent increase in the number of providers with buprenorphine waivers; however, as of 2018 there were still an estimated 47 percent of counties in the U.S. lacking a physician with a buprenorphine waiver and physicians in the U.S. cite regulations on buprenorphine prescribing as one of the barriers to their ability and willingness to prescribe the medication, and

Whereas, implementing point of care initiation of buprenorphine treatment and referral such as within the emergency department is hindered by factors including the buprenorphine

49 waiver and thus loses a significant setting for intervention that, when utilized, has shown to reduce
50 one-year mortality, and

51
52 Whereas, since 1995, France has allowed all registered medical doctors to prescribe
53 buprenorphine without any waivers, specific training, or licensure, and has since seen an 80 percent
54 reduction in opioid overdoses with no resultant difference in buprenorphine diversion rates
55 compared to the U.S., which has much more stringent buprenorphine prescribing policies, and

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57 Whereas, a 2015 survey of 706 people who used opioids in San Francisco found that less
58 than one percent of those prescribed buprenorphine reported using it to get high, serving as
59 evidence of the low misuse potential of buprenorphine in the USA, and

60
61 Whereas, buprenorphine has a higher safety profile compared to commonly prescribed, full
62 opioid agonists, which physicians are able to prescribe to patients with no additional training and a
63 2015 survey of 706 people who used opioids in San Francisco found that less than one percent of
64 those prescribed buprenorphine reported using it to get high, serving as evidence of the low
65 misuse potential of buprenorphine in the U.S., and

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67 Whereas, one-third of counties within the state of Michigan have no medication treatment
68 programs - including opioid treatment programs, buprenorphine, and naltrexone - for substance
69 use disorder available, and only 18 percent of counties in Michigan have access to OAT programs,
70 and

71
72 Whereas, as of September 2019, 2,756 Michigan practitioners - including MDs, DOs, APRNs,
73 and PAs - have obtained a waiver to prescribe buprenorphine but only 54 percent of counties in
74 Michigan had access to buprenorphine prescribers, and

75
76 Whereas, in an effort to increase treatment availability, the U.S. Department of Health and
77 Human Services (HHS) announced new guidelines in January 2021, to exempt DEA-registered
78 physicians from the waiver requirements; however, these new guidelines were rapidly halted, and

79
80 Whereas, many medical organizations including the AMA supported the new HHS
81 guidelines, and Patrice Harris, MD, Chair of the AMA's Opioid Task Force and Immediate Past
82 President, stated: "With this change, office-based physicians and physician-led teams working with
83 patients to manage their other medical conditions can also treat them for their opioid use disorder
84 without being subjected to a separate and burdensome regulatory regime," and

85
86 Whereas, experts believe that the X-waiver will continue to overregulate buprenorphine, a
87 medication with a high safety profile and low misuse potential, continue to discourage physicians
88 from prescribing it even in the midst of a worsening opioid epidemic, and continue to stigmatize
89 OUDs and disregard them as chronic medical conditions which needs evidence based medication
90 treatment, and

91
92 Whereas, in light of current legislation discussions, it is vital that all medical organizations
93 and societies have explicit policy and advocacy regarding education requirements for treatments
94 for OUD; our AMA has policy (D-95.972) that explicitly calls for the elimination of the waiver to
95 prescribe buprenorphine for the treatment of OUD but MSMS has no such policy; therefore be it

96 RESOLVED: That MSMS adopt policy in support of the requirement for obtaining a waiver
97 to prescribe buprenorphine for the treatment of opioid use disorder; and be it further

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99 RESOLVED: That MSMS adopt policy in support of the removal of barriers to the use of
100 medications for opioid use disorder; and be it further

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102 RESOLVED: That MSMS encourages all undergraduate medical institutions to incorporate
103 into their curricula education on prescribing medications to treat opioid use disorders.

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106 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000 for MSMS policy updates.

Relevant MSMS Policy:

None

Relevant AMA Policy:

Expanding Access to Buprenorphine for the Treatment of Opioid Use Disorder D-95.972

1. Our AMA's Opioid Task Force will publicize existing resources that provide advice on overcoming barriers and implementing solutions for prescribing buprenorphine for treatment of Opioid Use Disorder.
2. Our AMA supports eliminating the requirement for obtaining a waiver to prescribe buprenorphine for the treatment of opioid use disorder.

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