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Subject: Treating Addiction in Corrections/Justice Settings During COVID-19

NEWSLETTER #2
Expanding Access to MAT in County Criminal Justice Settings

March 26, 2020

HMA | DHCS California Department of Health Care Services

Treating Addiction During COVID-19 Pandemic
Implications for Jails, Prisons and Justice Settings

With the declaration of COVID-19 pandemic as a national emergency, federal agencies have considerable leeway to modify regulations during the emergency period. Several key regulations regarding the treatment of addiction have been loosened during the emergency period. This also has implications for efforts in prisons, jails, drug courts, and justice settings.

Telehealth Options for SUD Treatment

Federal requirements for providing MAT through telehealth have been modified to:

- Allow X-waivered providers in good standing in their states to prescribe MAT to patients located in states where the providers are not licensed. This significant change is intended to expand access to buprenorphine and to reduce face-to-face interaction and possible spread of COVID-19.

- Allow X-waivered prescribers to prescribe buprenorphine to patients – new and returning – without a face to face visit, using virtual platforms that do not need to be HIPAA compliant. While there are many software options that are HIPAA compliant, the rule allows for the use of Skype, FaceTime, and other platforms during the emergency.

  The DEA has further clarified that X-waivered providers may initiate buprenorphine treatment through a telephone encounter, with no visualization of the patient.

  The Office of Civil Rights has stated it will NOT enforce HIPAA compliance of communication platforms during the emergency period.

These significant changes are intended to avoid face-to-face interaction and possible spread of COVID-19. They *may* improve access to X-waivered prescribers for providing MAT in jails and access to X-waivered prescribers in the community who can provide continuity of care for persons released from jail or in the justice system.

Changes will be exercised differently from county to county. Jails, courts, and probation systems should explore local options, including FQHCs and local Drug and Alcohol programs as resources.

Narcotic Treatment Program/Methadone Options

Federal and state requirements have been modified during the public health emergency to assure access through Narcotic Treatment Programs (NTPs) to methadone and buprenorphine to persons who are quarantined and to reduce face-to-face interaction and possible spread of COVID-19.

- Clinical visits for methadone may be conducted virtually using an audio-visual, real-time, two-way interactive communication system. HIPAA compliance is waived as above for this circumstance. Initiation of methadone may not occur via telephone.

- SAMHSA has allowed states to request blanket exceptions for all *stable* patients of an NTP to receive 28 days of methadone as take-home doses, and blanket exceptions for up to 14 days of take- home medication for patients who are less stable. NTPs may also provide the medication to a “trustworthy” person at the home of a patient who is quarantined. If no such person is at the residence, the NTP may leave the medication on the doorstep, step back, and observe the patient taking the medication into the residence.

- California has directed each NTP to seek its own blanket exceptions directly from SAMHSA. HMA has queried DHCS as to whether NTPs can use the relaxed take home dosing provisions in delivering methadone to jails. The state advised that for the moment, each NTP should address this matter with its jails. DHCS will respond to HMA’s request, which may or may not alter this guidance.

Jails should reach out to local NTPs directly to discuss whether extended take-home dosing can apply to the jail. It would reduce COVID 19 exposure for the NTP and jail health care staff to one another, and also significantly reduce the administrative burden on jail custody and health care staff, who are extraordinarily taxed at this time.

Other Issues to Consider

Justice systems should consider the ***increase in overdoses and death*** likely as restrictions on mobility are loosened and people with OUD return to use of opioids. If abstinence has occurred, the person's tolerance will be lowered thus significantly increasing the risk of overdose. Steps to educate patients about this concern and educate them on harm reduction strategies is critical for saving lives.

Communities should anticipate ***increases in domestic violence*** related to restricted movement. This is already occurring, and communities should mobilize their domestic violence resources and modify them to suit the current social distancing requirements.

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