Treating Substance Use Disorders during the COVID-19 Pandemic—focus on Medication for Addiction Treatment

May 11, 2020

Shannon Robinson, MD, Principal  
Scott Haga, PA-C, Senior Consultant  
Health Management Associates
Todays Presenters

SCOTT HAGA, PA-C
Senior Consultant
Lansing, MI
shaga@healthmanagement.com

SHANNON ROBINSON, MD
Principal
Costa Mesa, CA
srobinson@healthmanagement.com
<table>
<thead>
<tr>
<th>Faculty</th>
<th>Nature of Commercial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treating Addiction in the Setting of COVID-19</strong></td>
<td>Dr. Robinson discloses that she is an employee of Health Management Associates, a national research and consulting firm providing curriculum development, issue briefs, grant writing, technical assistance... to a diverse group of healthcare clients.</td>
</tr>
<tr>
<td>Shannon K. Robinson, M.D. FASAM</td>
<td></td>
</tr>
<tr>
<td>Scott Haga, MPAS, PA-C</td>
<td>Scott Haga discloses that he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.</td>
</tr>
</tbody>
</table>
LEARNING OBJECTIVES AND AGENDA: TO BE ABLE TO

Identify at least three risk factors, exacerbated by and unique to the COVID-19 emergency, that are associated with relapse and overdose

Discuss recent regulatory changes, in light of COVID-19, for the delivery of MAT: Changes from SAMHSA, DEA, Office of Civil Rights, 42 CFR

Discuss home induction and monitoring during COVID-19
INCREASED RISKS ASSOCIATED WITH COVID-19 INFECTION & RELAPSE
INDIVIDUALS WITH SUD AND CONTRACTING SEVERE COVID-19

BEFORE ADDRESSING THE RISK OF RELAPSE, WE NEED TO ACKNOWLEDGE THAT INDIVIDUALS WITH SUD MAY BE AT HIGHER RISK FOR CONTRACTING SEVERE CASES OF COVID-19

+ Individuals who smoke/vape tobacco, marijuana, other drugs are at increased risk
+ Individuals who do not currently smoke may still have pulmonary conditions increasing risk
  - Pulmonary hypertension is associated with stimulant use
  - Individuals consuming central nervous system depressants may get hypoxic
  - Case fatality rate in China for those with chronic respiratory disease was 6.3
  - Case fatality rate in China for those without chronic respiratory disease was 2.3*
+ Individuals with SUD have comorbid medical conditions that increase risk

https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2763184

Source: NIDA: COVID 19 Potential Implications for Individuals with Substance Use Disorder 3-12-20: https://www.drugabuse.gov/about-nida/noras-blog/2020/04/
Individuals with SUD are more likely to be:

+ Incarcerated
+ In a communal living setting like a hospital or a recovery home
+ In a shelter
+ Homeless
  
  + All of these locations make self quarantine more difficult, if not impossible
  + These locations and situations may decrease access to soap and water

+ Individuals are likely to have their supply to clean needles disrupted

Source: NIDA: COVID 19 Potential Implications for Individuals with Substance Use Disorder 3-12-20
RISK OF RELAPSE & OVERDOSE
TYPICAL REACTIONS TO AN ATYPICAL SITUATION:

- Anxiety or fear
- Concern
- Frustration
- Loneliness
- Anger
- Boredom
- Uncertainty or ambivalence
- A desire to use alcohol or drugs
- Symptoms of depression or PTSD

Source: SAMHSA Taking Care of Your Behavioral Health
Triggers include:

• Emotions (remember normal reactions to an abnormal situation) include: anxiety, fear, concern, frustration, loneliness, anger, boredom
• Behaviors & situations
  • Being around certain people
  • Being around certain places
  • Being around certain things
  • Being alone with too many unfiltered thoughts
  • Cravings
• Use creates a desire for more use

Support for Patients and Providers Alike

- Understand the risk - public perception of risk may not be accurate, avoid watching news 24/7, ensure news is from a credible source
- Be your own advocate - work with others to ensure you have groceries & toiletries
- Educate yourself about resources & support options
- Address financial stress where possible
  - possible Family Medical Leave
  - contact utility, mortgage... companies
- Connect with others: family, friends, support groups
- Talk to your healthcare providers about medications, supplies, stress management...
- Use practical ways to cope and relax - talk to loved ones, exercise, meditation...

Source: SAMHSA Taking Care of Your Behavioral Health: https://www.samhsa.gov/node/726329
What puts people at risk of OD?

- Loss of tolerance due to abstinence or from maintenance treatment
- Mixing opioids and other CNS depressants
- Variation in strength and content of drugs

CDC’s guidance on preventing OD:

- Treat opioid use disorder (OUD) with FDA approved medications
- Overdose reversal and education (see next slide)
- Improve opioid prescribing
  - Will directly help prevent OD by preventing development of OUD
  - Decreased regulations should result in increased access to buprenorphine

Sources: VA Opioid Overdose Education and Naloxone Distribution Program; CDC: https://www.cdc.gov/drugoverdose/prevention/index.html
Overdose reversal and education

**Overdose reversal: Naloxone**

- Distribution through community based organization will likely decrease during COVID 19 pandemic
- By standards are less likely to be available to revive someone, due to shelter in place rules
- Access and use by law enforcement and emergency medical services should still be available
- Distribution from pharmacies should still be available

**Overdose prevention education**

- Don’t use alone
  - During a shelter in place situation “do not use alone”, may be hard to follow
- Use a test dose
- Don’t stack doses
- Don’t mix opioids and other CNS depressants

Current changes are the opposite of what we typically strive for; to be engaged and empathetic we lean in and avoid distance.

Current Options to Provide Care

- Video conferencing
- Telephone
- Increase electronic messaging if available
- Building glass barriers to reduce transmission in office
- Making telephones available within clinic to talk with staff
This is a very stressful time for everyone, including our patients. We know increased stress can be a factor in relapse so it is imperative we work to be very clear with our patients.

- Communication available via phone, website, app and in office
- Office/Clinic is not going to abandon you
- What are the current office hours
- What are the current modes for seeing patients
- What is the patients preferred method of interaction with provider
- You will be able to stay on your medication
- Modifications to refills (increase number of pills to decrease exposure)
- Patients may need more, not less, therapeutic interaction
MAT REGULATIONS DURING COVID-19 PANDEMIC
This is a rapidly evolving topic. Information is current at time of presentation but may continue to change.

This is not legal advice but rather a collection of information from several resources including SAMHSA and the DEA.
Opioid Treatment Program/
Narcotic Treatment Program

+ “Methadone Clinic”
+ Can prescribe methadone, buprenorphine and naltrexone
+ Highly regulated
+ No limit on number of patients

Office Based Opioid Treatment

+ Prescriber completes 8-24 hours of training, obtains waiver
+ Can treat 30/100/275 patients with buprenorphine
+ Can also use naltrexone

WHERE IS MAT OCCURRING?
### Changes from SAMHSA for OTP/NTP

+ Guidance from SAMHSA, amended on 3/19/2020

### Pennsylvania:

The state has been granted a blanket exceptions for all **stable** patients in an OTP to receive **28 days of Take-Home doses** of the patient’s medication for opioid use disorder and **14 days of Take-Home medication** for those patients who are **less stable** but who the OTP believes can safely handle this level of Take-Home medication. ⁷
FOR ALL STATES:
No in person exam required for buprenorphine, but still required for methadone
OTP OPERATIONS - INDIVIDUALS IN QUARANTINE

Verify and obtain documentation of quarantine status in record of OTP.

Identify a trustworthy person (3rd party) to pick up and transport dose to individual using established chain of custody procedure.

If no one available, then OTP should prepare “doorstop” delivery of medication for patient.

Prior to COVID-19 Emergency
+ Restrictions on prescribing of controlled substances, most significantly with patients who had not previously been seen in person by the prescriber.
+ Commonly known as Ryan Haight Act.

Current State
In light of the public health emergency the DEA has relaxed the requirements to prescribe controlled substances.
Changes with DEA

“...DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

1. The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.

2. The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.*

3. The practitioner is acting in accordance with applicable Federal and State law.”

Effective March 31, 2020:

“Today, DEA notes that practitioners have further flexibility during the nationwide public health emergency to prescribe buprenorphine to new and existing patients with OUD via telephone by otherwise authorized practitioners without requiring such practitioners to first conduct an examination of the patient in person or via telemedicine.”

Source: https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf
Changes with State Regulatory Agencies:

Each state may have individual changes to opioid prescribing

American Society of Addiction Medicine (ASAM) is tracking state changes
http://www.asam.org/advocacy/practice-resources/coronavirus-resources

Federation of State Medical Boards (FSMB):

Restrictions on Telehealth services across state lines has been removed in many states

Some states are not paying for telephone appointments

Check with your state and the state where the patient is to be sure

SAMHSA and state agencies all strongly suggest using telehealth or phone intervention to avoid additional face to face interaction and possible spread of COVID-19
Infectious Disease Risk

- Considerable Risk of Infection for Patient & Staff Onsite
- Infection Risk During Transportation
- Shelter in Place/ Stay Home and Safe
- Drain of Limited Healthcare Resources
HIPAA COMPLIANT TELEHEALTH SOFTWARE

- Updox
- Zoom for Healthcare
- Doxy.me
- Skype for Business
- VSee
- Google G Suite Hangouts Meet
- Vidyo

The Office of Civil Rights (OCR) has stated they will NOT enforce rules regarding HIPAA compliance of communication platforms during the public health emergency. Use of FaceTime, Facebook Messenger, Google Hangouts, and Skype are all called out as acceptable options during the emergency.

Source: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
“... entities covered by civil rights authorities keep in mind their obligations under laws and regulations that prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and exercise of conscience and religion in HHS-funded programs.

In this time of emergency, the laudable goal of providing care quickly and efficiently must be guided by the fundamental principles of fairness, equality, and compassion that animate our civil rights laws. This is particularly true with respect to the treatment of persons with disabilities during medical emergencies as they possess the same dignity and worth as everyone else.

The Office for Civil Rights enforces Section 1557 of the Affordable Care Act and Section 504 of the Rehabilitation Act which prohibit discrimination on the basis of disability in HHS funded health programs or activities. These laws, like other civil rights statutes OCR enforces, remain in effect. As such, persons with disabilities should not be denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person’s relative “worth” based on the presence or absence of disabilities. Decisions by covered entities concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence.”
MORE FROM THE OFFICE OF CIVIL RIGHTS ADDRESSING DISABILITIES

+ Providing effective communication with individuals who are deaf, hard of hearing, blind, and visually impaired through the use of **qualified interpreters**, picture boards, and other means

+ Providing meaningful access to programs and information to individuals with limited English proficiency through the use of **qualified interpreters** and through other means

+ Making emergency **messaging available in plain language and in languages** prevalent in the affected area(s) and in multiple formats, such as audio, large print, and captioning, and ensuring that **websites** providing emergency-related information are accessible (phone and signage)

+ Although not specifically called out in the bulletin, please do not discriminate against anyone based on assumptions or a reality of limited access to technology

42 CFR
In response to COVID-19 SAMHSA is providing guidance to ensure that SUDT services are uninterrupted.

SAMHSA, in accordance with the CDC guidelines on social distancing, as well as state or local government-issued bans or guidelines on gatherings of multiple people, many SUDT provider offices are closed, or patients are not able to present for treatment. Therefore, there has been an increased need for telehealth services, and in some areas without adequate telehealth technology, providers are offering telephonic consultations to patients. In such instances, providers may not be able to obtain written consent for disclosure of SUD records.

The prohibitions on use and disclosure of patient identifying information under 42 C.F.R. Part 2 would not apply in these situations to the extent that, as determined by the provider(s), a medical emergency exists. Under 42 C.F.R., patient information may be disclosed by a part 2 program without patient consent, to the extent necessary to meet a bona fide medical emergency in which the patient’s prior informed consent cannot be obtained. Information disclosed to the medical personnel who are treating such a medical emergency may be re-disclosed by such personnel for treatment purposes as needed. We note that Part 2 requires programs to document certain information in their records after a disclosure is made pursuant to the medical emergency exception. We emphasize that, under the medical emergency exception, providers make their own determinations whether a bona fide medical emergency exists for purposes of providing needed treatment to patients.

The CARES Act intends to set regulations of 42 CFR to be consistent with HIIPA. 12 month timeframe for HHS to implement.
There have been reports of people joining online meetings to be disruptive, some of this is boredom and some more malicious.

Highly recommend using security features of online meeting software:
- Require a password to join
- Admit participants from waiting room
- Group leader to remove members if needed
HOME INDUCTION
LOW BARRIER CARE
+ Weight the risk of continued use of opioids (possible death) with benefits of MAT

+ Weight risks of COVID 19 exposure by requiring in person in office appointment (possible death and community transmission to others) with benefits of MAT started at home

+ Weight risk of requiring therapy first, housing first, psych treatment first with benefits of medication first (life with less risk of infection(s), criminality...)

+ Informed Consent requires review of risks, benefits and alternatives

+ Adequate explanation of induction process can be done over phone or telehealth

+ Be available by phone or telehealth for any questions following first visit

+ Schedule follow up as would be scheduled for in office induction on buprenorphine

## RISKS AND BENEFITS OF LOW BARRIER CARE, INCLUDING HOME INDUCTION

<table>
<thead>
<tr>
<th>2003: Medication is</th>
<th>Outcomes: Continued use of opioids &amp; possible death</th>
<th>2020: Medication is</th>
<th>Outcomes: Buprenorphine blocks opioid receptor &amp; prevents OD &amp; death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contingent on attending therapy</td>
<td>😞</td>
<td>Not contingent</td>
<td>😊</td>
</tr>
<tr>
<td>Discontinued when using other substances, even CNS depressants</td>
<td>😞</td>
<td>Not discontinued</td>
<td>😊</td>
</tr>
<tr>
<td>Discontinued with relapse</td>
<td>😞</td>
<td>Not discontinued</td>
<td>😊</td>
</tr>
<tr>
<td>Contingent upon lab work</td>
<td>😞</td>
<td>Not contingent</td>
<td>😊</td>
</tr>
<tr>
<td>Contingent upon arriving to appointment on time</td>
<td>😞</td>
<td>Not contingent</td>
<td>😊</td>
</tr>
<tr>
<td>Contingent upon being in withdrawal in clinic</td>
<td>😞</td>
<td>Not contingent</td>
<td>😊</td>
</tr>
<tr>
<td>Contingent upon being face to face in clinic to look for evidence of IVDU, goosebumps &amp; pupils</td>
<td>😞</td>
<td>Not contingent</td>
<td>😊</td>
</tr>
</tbody>
</table>
URINE TOXICOLOGY TEST
TOXICOLOGY CONSIDERATIONS

- Risk of no treatment (death) vs. benefits
- OTP requirement is at least 8/year, which remains thus far
- During emergency need to modify expectations for toxicology
  - Likely not a part of routine care during pandemic
  - Reserve for greatest need & when it would change management
Accelerating a Telehealth Implementation
Telehealth Readiness Questionnaire

The Telehealth Readiness Questionnaire is a quick, web-based tool that will help your organization better understand your readiness to adopt telehealth such as telemedicine visits, virtual check-ins or e-visits. At the end of the questionnaire, please indicate whether you’d like a brief consultation with an HMA telehealth expert to help interpret your results and identify strategies for your next steps.

To access the Questionnaire, please click the button below.

[TELEHEALTH READINESS QUESTIONNAIRE](https://www.healthmanagement.com/telehealth-readiness-questionnaire/)
LEARNING OBJECTIVES: TO BE ABLE TO

Identify at least three risk factors, exacerbated by and unique to the COVID-19 emergency, that are associated with relapse and overdose

- Social distancing leads to decreased support and increases risk of relapse
- Social distancing leads to inability to use with others, preventing rescues from overdose
- Social distancing may lead to decreased access to Naloxone distribution

Discuss recent regulatory changes in light of COVID-19 for MAT

- Changes to NTP/ OTP(up to 28 days)
- Telehealth allowed for new and existing patients for controlled substances
- Telephone allowed for new and existing patients for buprenorphine
- 42 CFR changes
LEARNING OBJECTIVES: TO BE ABLE TO

Discuss home induction and monitoring during COVID-19

- Benefits of medication for opioid use disorder (life with < infection(s) and criminality) exceed risks of not treating (possible death)
- Benefits of starting treatment at home (without exposure to COVID 19 related to coming to office) outweighs risk of not starting treatment because you can’t see goosebumps, pupils and obtain labs
QUESTIONS...
Todays Presenters

SCOTT HAGA, PA-C
Senior Consultant
Lansing, MI
shaga@healthmanagement.com

SHANNON ROBINSON, MD
Principal
Costa Mesa, CA
srobinson@healthmanagement.com
<table>
<thead>
<tr>
<th>Name</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMA COVID and Risk of Chronic Respiratory Disease</td>
<td><a href="https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2763184">https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2763184</a></td>
</tr>
<tr>
<td>American Society of Addiction Medicine (ASAM) tracking state changes</td>
<td><a href="https://www.asam.org/advocacy/practice-resources/coronavirus-resources">https://www.asam.org/advocacy/practice-resources/coronavirus-resources</a></td>
</tr>
<tr>
<td>SAMHSA Care of Your Behavioral Health</td>
<td><a href="https://www.samhsa.gov/node/726329">https://www.samhsa.gov/node/726329</a></td>
</tr>
<tr>
<td>ASAM Tracking of state changes</td>
<td><a href="https://www.asam.org/advocacy/practice-resources/coronavirus-resources">https://www.asam.org/advocacy/practice-resources/coronavirus-resources</a></td>
</tr>
<tr>
<td>Centers for Medicare and Medicaid Services</td>
<td><a href="https://www.cms.gov/">https://www.cms.gov/</a></td>
</tr>
<tr>
<td>DEA Buprenorphine Telephone Prescribing</td>
<td><a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsFSCThs.pdf?utm_campaign=2a178f351b-EMAIL_CAMPAIGN_2019_04_19_08_59&amp;utm_term=0_ae00b0e89a-2a178f351b-353229765&amp;utm_content=90024810&amp;utm_medium=social&amp;utm_source=facebook&amp;hss_channel=fbp-372451882894317">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsFSCThs.pdf?utm_campaign=2a178f351b-EMAIL_CAMPAIGN_2019_04_19_08_59&amp;utm_term=0_ae00b0e89a-2a178f351b-353229765&amp;utm_content=90024810&amp;utm_medium=social&amp;utm_source=facebook&amp;hss_channel=fbp-372451882894317</a></td>
</tr>
<tr>
<td>National Consortium of Telehealth Resource Centers</td>
<td><a href="https://www.telehealthresourcecenter.org/">https://www.telehealthresourcecenter.org/</a></td>
</tr>
<tr>
<td>Opioid OD Education</td>
<td><a href="https://www.pbm.va.gov/AcademicDetailingService/EducationalMaterialCatalog_Publicsite.pdf">https://www.pbm.va.gov/AcademicDetailingService/EducationalMaterialCatalog_Publicsite.pdf</a></td>
</tr>
<tr>
<td>Services reimbursable under Medicare</td>
<td>Description (technology)</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Medicare telehealth visits</td>
<td>Physician Fee Schedule (PFS) office visits conducted via telehealth technology for established patients. Visits are considered the same as in-person office visits.</td>
</tr>
</tbody>
</table>

Exceptions provided by the Secretary of Health and Human Services (HHS) for the COVID-19 National Emergency

- HHS will not audit for “existing relationship” between patient and clinician
- Providers may reduce or waive patient cost-sharing
- HHS will waive penalties for HIPAA violations by health care providers
<table>
<thead>
<tr>
<th>Services reimbursable under Medicare</th>
<th>Description (technology)</th>
<th>Types of services</th>
<th>Technology</th>
<th>Originating sites (location of patient)</th>
<th>Distant site practitioners</th>
<th>Payment and cost-sharing</th>
<th>Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone-based evaluations</td>
<td>Telephone assessment and management service provided by a qualified clinician to an</td>
<td>Evaluation and management services for established and new patients</td>
<td>Telephone (audio-only)</td>
<td>Urban, rural, or from the patient’s</td>
<td>Physician and other qualified practitioner who can report evaluation and management services, as well as other clinicians, such as physical therapists, occupational therapists, and speech pathologists, social workers, and clinical psychologists.</td>
<td>Provider payment: $10 to $27 (code = 98966-98968, 99441-99443 with place of service = '02')</td>
<td>March 1, 2020 to end of the Public Health Emergency</td>
</tr>
<tr>
<td>Services reimbursable under Medicare</td>
<td>Description (technology)</td>
<td>Types of services</td>
<td>Technology</td>
<td>Originating sites (location of patient)</td>
<td>Distant site practitioners</td>
<td>Payment and cost-sharing</td>
<td>Effective</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------</td>
<td>-------------------</td>
<td>------------</td>
<td>-----------------------------------------</td>
<td>---------------------------</td>
<td>--------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Virtual check-ins</td>
<td>Brief (5-10 minute) visits between a practitioner and their existing and <strong>new</strong> patients. The service must be agreed to by the patient.</td>
<td>A unique service intended to assess a patient’s condition, symptoms, or needs, and avoid unnecessary trips to the doctor’s office.</td>
<td>Telephone (audio-only or audio/video), two-way real-time audio-video, text, email or patient portal.</td>
<td>Anywhere the patient is located, such as urban or rural locations, the patients’ residence, nursing homes, or assisted living facilities</td>
<td>Physician and other qualified practitioner who can report evaluation and management services as well as other clinicians, such as physical therapists, occupational therapists, and speech pathologists, social workers, and clinical psychologists. FQHCs and rural clinics</td>
<td>Physician payment: $17 (code = G2012, with place of service = ‘02’)</td>
<td>2019</td>
</tr>
</tbody>
</table>

Exceptions provided by the Secretary of Health and Human Services (HHS) for the COVID-19 National Emergency
- HHS will waive penalties for HIPAA violations by health care providers
<table>
<thead>
<tr>
<th>Services reimbursable under Medicare</th>
<th>Description (technology)</th>
<th>Types of services</th>
<th>Technology</th>
<th>Originating sites (location of patient)</th>
<th>Distant site practitioners</th>
<th>Payment and cost-sharing</th>
<th>Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E-Visits</strong></td>
<td>Non face-to-face patient-initiated communications between a clinician and their existing patient. The service must be generated by the patient and communication can occur over a 7-day period.</td>
<td>A unique evaluation and management service intended to assess a patient’s condition, symptoms, or needs, and avoid unnecessary trips to the doctor’s office.</td>
<td>Online patient portal</td>
<td>Anywhere the patient is located, such as urban or rural locations, the patients’ residence, nursing homes, or assisted living facilities</td>
<td>Physician and other qualified practitioner who can report evaluation and management services, as well as other clinicians, such as physical therapists, occupational therapists, and speech pathologists, social workers, and clinical psychologists.</td>
<td>FQHCs and rural clinics</td>
<td>Provider payment: $15 - $50 (code = 99421-99423, G2061-G2063, with place of service = ‘02’) Patient out-of-pocket costs = 20%</td>
</tr>
</tbody>
</table>

Exceptions provided by the Secretary of Health and Human Services (HHS) for the COVID-19 National Emergency

- HHS will waive penalties for HIPAA violations by health care providers
Questions?
Please share your tools and resources!

Email mkenyon@haponline.org
Future Opioid LAN Events

Webinars
Review of Harm Reduction Strategies
Allison Herens, LSW, Philadelphia Department of Public Health
May 14, 2020 at 11 a.m.

Office Hour
How to Implement a Certified Recovery Specialist Program and COVID-19
Mike Kraflack, CRS, Armstrong-Indiana-Clarion Drug and Alcohol Commission
May 21, 2020 at 11 a.m.

Regional Meetings (Virtual)
Central Regional Organizations Only
May 28, 2020 11-12:30 pm

Northeast Regional Organizations Only
June 18, 2020 11-12:30 pm