

Caring for Patients With Substance Use Disorders During the COVID-19 Pandemic

The COVID-19 pandemic is creating unprecedented impacts and risks across the United States. But other threats to Americans' health and well-being have not gone away and may indeed be exacerbated. The opioid epidemic continues to affect communities across the nation. And many people who suffer from substance use disorders (SUD) face new challenges resulting from social distancing and shifting priorities for health care resources.

Addiction is a chronic condition that can be worsened by emotional and social loneliness – and policies designed to contain the spread of COVID-19 also put people suffering from SUD at risk of relapse. Patient access to care may be disrupted, including regular in-person care and access to medication-assisted treatment (MAT), clinicians, peer support, or routines that help them manage their conditions. People who are in long-term recovery still need [access to the medication and supports](#) required for continued management of SUD.

As the demands for medical resources have shifted to the immediate needs of patients with or suspected of the novel coronavirus COVID-19, clinicians, care teams, and health insurance providers must find new ways to meet the ongoing needs of people suffering from SUD.

Health Insurance Providers Innovate for Continued Access

Insurance providers are working with clinicians and recovery teams to deliver necessary care to those in need, and they are looking into new ways of delivering those services.

Telehealth has rapidly gained traction in protecting patients and clinicians from the spread of COVID-19. It also helps ensure continuity in SUD management. For example, during the fight against COVID-19, [Highmark](#) has extended tele-addiction services to members who are in addiction treatment and need immediate help, but cannot see their provider in-person given the need for widespread social distancing.

Telehealth can also connect patients with counseling, peer support, and other behavioral health services remotely to support access to care on an ongoing basis. Maintaining contact with behavioral health support is particularly important during times of need and physical isolation. Tools used to host conference calls for office workers can also be used to connect SUD patients with support groups. [Passport Health](#), for example, is using online platforms to connect patients with support groups.

For those patients who may not have a smartphone or Internet connection, the Centers for Medicare and Medicaid Services (CMS) has loosened restrictions on telehealth, allowing audio-only connections with providers (including via telephone). Several health insurance providers, such as [Humana](#), have taken similar steps to ensure that patients with SUD have access to ongoing care and assistance.

Recognizing the need for continued access to MAT during the pandemic, the Drug Enforcement Agency (DEA) [issued guidance](#) that allows providers to prescribe controlled substances via telehealth without a prior in-person exam, including medications such as buprenorphine used to treat opioid use disorders. To further expand access to care, some insurance providers have waived rules to allow virtual behavioral health practitioners to be the sole health care provider for SUD

patients, rather than acting only as complementary care. Easing the DEA rules makes prescribing MAT easier particularly when patients are unable to access in-person care, as do insurance provider initiatives to address gaps in treatment.

For patients with other medical conditions, remote patient monitoring tools can be used to maintain a connection between a patient and provider to help ensure the patient stays in good physiological health in addition to good mental health.

Health insurance providers are supporting their provider partners in managing their patients' access to SUD treatment and recovery services. Some health insurance providers are working with clinicians to dispense MAT for longer periods of time for patients who are stable, for example.

Challenges

Despite the promise of telehealth and other tools to support people with SUD, challenges to ideal care remain:

- With group meetings banned, many state residents grapple with challenges of addiction without in-person group support. Small gatherings should be deemed “essential” given the needs of attendees.
- Inconsistent telehealth regulations between states make practicing across state lines challenging. When resources in certain states may be limited, patients should be able to easily access services across state lines without significant disruption. During this epidemic, the federal government should align state policies so that people can access care when needed.
- Inconsistent state laws on MAT dispensing can create challenges. While some states have sufficient supply of methadone clinics to serve patient needs, for example, other states have much lower ratios for how many methadone clinics can be present based on the state population. These rules should be aligned across states especially during a public health emergency to ensure that all patients have access to MAT.
- The DEA should eliminate the need for providers to be waived to prescribe MAT. There are millions of people in need of medication for SUD, and the DATA 2000 waiver stands in the way of getting help for those seeking treatment.
- There have also been concerning security breaches of some online platforms that are used to enable virtual meetings including support groups for people with SUDs. While it is important to relax some rules and enforcement during a public health crisis, it is also important for the government and private sector to monitor for bad actors who may take advantage of a crisis and for there to be appropriate recourse.

Conclusion

The COVID-19 pandemic has presented new and significant strains on the American health care system and society as a whole. Patients suffering from SUD suffer from unique challenges to their ongoing health, and those challenges can be magnified in times of high stress or isolation.

We are committed to working with state, federal and local officials in every way possible, from supporting our public health heroes, to offering specific policy and regulatory changes, to assisting governors, legislatures, the Congress and the Administration. Together, we can and will meet this challenge.