

## MEMORANDUM

To: Biden-Harris Transition Team

From: National Council for Behavioral Health

Re: Ideas for the Office of Drug Control Policy (ONDCP) and Substance Abuse and Mental Health Services Administration (SAMHSA) for 2021

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The following topics outline ideas from the National Council for Behavioral Health for the Biden-Harris transition team to consider for the Office of Drug Control Policy (ONDCP) and Substance Abuse and Mental Health Services Administration (SAMHSA) for calendar year 2021 and beyond.

### **A. Recommendations for immediate actions for ONDCP and/or SAMHSA in 2021:**

In an effort to support a smooth transition, the Biden-Harris transition team should analyze existing structure and programs within ONDCP and SAMHSA, stabilize existing leadership and staff, and make initial adjustments including but not limited to the following areas:

#### ***Inter-agency coordination***

- Re-establish a working relationship between SAMHSA and Center for Medicaid and Medicare Services (CMS) regarding the Certified Community Behavioral Health Clinics (CCBHC) Medicaid demonstration program.
- Re-establish relationship between SAMHSA, Centers for Disease Control and Prevention (CDC) and the Office of the Surgeon General (OSG) regarding prevention and harm reduction efforts.

#### ***Public health emergency (PHE) for COVID-19***

- Allow for waivers during the PHE from the in-person exam requirement for the initiation of methadone.
- A national standing order for naloxone as overdose deaths continue to rise.
- Allow for increased dosing levels for methadone and buprenorphine to respond to the physical effects of fentanyl on people who use drugs.

#### ***Housing and substance use disorder (SUD)***

- Update recovery housing guidelines to clarify that recovery housing is not treatment for SUD.
- Update the Substance Abuse Prevention and Treatment (SAPT) block grant application to limit use of those block grant dollars to recovery homes that are accredited and/or that allow for the use of medications – including controlled substances – for a person's diagnosed SUD or mental health condition.

### **B. Recommendations for longer-term actions for consideration for ONDCP and/or SAMHSA during the Biden-Harris Administration**

- **Crises care management:** Establish a 988 Coordinating Center within SAMHSA and a cross-agency federal team to respond to the growing need for clinical responses to behavioral health crises.
- **Medication-Assisted Treatment:** Incentivize the coordination of services for people with SUD and the administering of methadone, buprenorphine, and naltrexone at community-based clinics.

- **Bidirectional communication:** Establish a formal communication and feedback vehicle between stakeholders with an emphasis on clinical providers.
- **Harm Reduction:** Publish guidance documents on overdose prevention during a world pandemic through SAMHSA, OSG, and ONDCP.
- **Criminal Justice:** Formalize a national standard for specialty courts, including but not limited to drug courts, that interact with people and families who have SUD to ensure access to evidence-based treatments (e.g., MAT) and counseling.

**C. Recommendations for longer-term actions for consideration for other agencies on substance use and mental health policies during the Biden-Harris Administration**

***Health and Human Services (HHS)***

- Clarify that the Public Health Emergency will last at least until the end of June 2021 (or end of 2021) so that states can plan. Encourage states to adopt PHE related flexibilities into their Medicaid program and provide technical assistance to support this process.
- Extend the reporting and allowable use period for the Provider Relief Fund (PRF).

***Centers for Medicaid and Medicare Services (CMS)***

- Move ahead with bundled payment regulations for outpatient SUD treatment and incorporate virtual care as part of this regulation.
- Extend CCBHC demo through the CMMI as a combined Medicare/Medicaid demonstration.

***Drug Enforcement Agency (DEA)***

- Issue an Interim Final Rule for the “telehealth exemption” under the Ryan Haight Act to allow for ongoing use of telehealth for medication-assisted treatment (MAT).