



OFFICE OF NATIONAL DRUG CONTROL POLICY COVID-19 FACT SHEET

President Donald J. Trump is committed to taking any and all necessary steps to protect the lives, health, and safety of the American people.

During the coronavirus (COVID-19) pandemic, the White House Office of National Drug Control Policy (ONDCP) is leading the effort to ensure that prevention, treatment, recovery support services, and safe and effective pain management remain available nationwide. The Trump Administration is mobilizing the Federal Government to ensure the approximately 20 million Americans with the disease of drug addiction can access and continue to receive treatment and recovery support services, while keeping themselves, healthcare professionals, and individuals involved in the distribution and delivery of services safe from unnecessary exposure to COVID-19. The summaries below are highlights of the major changes made to policies by National Drug Control Program agencies. Please consult the link or agency COVID-19 webpage for the full description of changes and exceptions before implementing changes in your organization.

“The threat posed by COVID-19, along with the mitigation measures in place across the country to prevent its spread, makes accessing treatment and maintaining recovery especially challenging.

We must act boldly and creatively to ensure people get the treatment and recovery support services they need.”

ONDCP Director Jim Carroll

PRIORITIES

HELPING AMERICANS WITH ADDICTION: The Administration supports Americans with drug addiction:

- [CDC](#) issued interim guidance for syringe services programs (SSPs), community-based prevention programs that provide a range of services, including access to and disposal of sterile syringes and injection equipment, vaccination, testing for infectious diseases such as viral hepatitis and HIV, naloxone distribution, and linkage to infectious disease care and substance use treatment.
- CDC released resources and considerations to help [faith-based](#) and [community](#) organizations that often support people struggling with addiction, better plan, prepare, and respond during COVID-19.
- [SAMHSA](#) issued guidance to facilitate outpatient treatment for withdrawal from alcohol and benzodiazepines to ensure help is available in the event of a shortage of hospital beds during the pandemic.
- [SAMHSA](#) issued guidance highlighting the flexibilities detailed 42 CFR Part 2 as it relates to the disclosure of covered substance use disorder patient records to a healthcare professional who is responding to a medical emergency.

OFFERING RELIEF OPPORTUNITIES FOR PEOPLE AND SMALL BUSINESSES IMPACTED BY COVID-19: The Administration is committed to providing critical relief for American small businesses, workers, and healthcare providers.

- [HHS](#) released over \$75 billion as part of the Provider Relief fund to support across the healthcare system impacted by COVID-19.
- [SAMHSA](#) awarded emergency grants to strengthen access to treatment for substance use disorders and mental health during COVID-19.
- [SBA](#) implemented its Paycheck Protection Program to provide billions of dollars in guaranteed forgivable loans to small businesses and nonprofits like addiction treatment programs to provide paychecks for their staff and added other forms of debt relief and financial support for the small business community.

EXPANDING USE OF TELEMEDICINE AND ELECTRONIC PRESCRIBING: The Administration expanded use of technology to provide care related to substance use disorder during the COVID-19 pandemic.

- [DEA](#) is allowing registrants to prescribe controlled substance prescription drugs outside of a state where they are registered where state reciprocity agreements are in place allowing them to work with patients across state lines in person or through telemedicine.
- [DEA](#) and SAMHSA authorized practitioners with a DATA 2000 waiver to prescribe buprenorphine to both new and existing patients with opioid use disorder following a telephone consultation.
- DEA released Q&A with answers to frequently asked [telemedicine questions](#) and [controlled substance electronic prescribing questions](#).
- [DEA](#) issued a Q&A on remote identity verification for electronic controlled substance prescribing.
- [CMS](#) expanded Medicare coverage of telehealth services and released guidance to States on tools to treat substance use disorder through telehealth.
- [CMS](#) released a Medicare and Medicaid Provider Telehealth and Telemedicine Tool Kit that contains links to reliable sources of information on telehealth practices.
- [CMS](#) issued a new rule permitting opioid treatment programs (OTP) to provide therapy and counseling using audio-only telephone calls rather than via two-way interactive audio-video during the public health emergency declaration. OTPs are also permitted to furnish periodic assessments via two-way interactive audio-video communication technology and in cases where beneficiaries do not have access to two-way audio-video communication technology, the periodic assessments may be furnished using audio-only telephone calls during the public health emergency for the COVID-19 pandemic.
- [CMS](#) permitted behavioral telehealth services to be done by telephone and made sure the payment level was the same as in-person rate, retroactive to March 1, 2020.
- [HHS](#) announced it will not issue penalties for non-HIPAA compliant technology used to conduct a telehealth session during the public health emergency, so long as the covered entity acts in good faith.

- [VA](#) announced it will start providing most of its care through telehealth and increasingly use mobile services to help screen veterans and provide follow-up care.

INCREASING FLEXIBILITY FOR TREATMENT WITH METHADONE AND BUPRENORPHINE: The Administration increases flexibility for opioid use disorder treatment.

- [DEA](#) is allowing registrants to prescribe controlled substance prescription drugs outside of a state where they are registered where state reciprocity agreements are in place allowing them to work with patients across state lines in person or through telemedicine.
- [DEA](#) issued an exception to its regulations to allow OTP staff, law enforcement, and the National Guard to transport methadone to patients who cannot make in-person visits to a clinic. [DEA](#) issued a similar exception to allow buprenorphine transport for patients treated with buprenorphine at opioid treatment clinics.
- [DEA](#) authorized OTPs to distribute take home doses of methadone and buprenorphine from temporary off-site locations to provide enhanced services to patients during COVID-19.
- [DEA](#) issued an exception to its rules expanding the time period for registrants to sign invoices for controlled substance delivery to an Opioid (Narcotic) Treatment Program.
- [SAMHSA](#) has exercised its regulatory authority to exempt Opioid Treatment Programs from certain regulatory requirements under certain conditions for the duration of the national emergency. For example, States may request exceptions for stable patients in an Opioid Treatment Program (OTP) to receive 28 days of take-home doses, and an option for States to request 14 days of take-home doses for patients in the early stages of their recovery. SAMHSA has also clarified that certain midlevel providers may dispense and administer medication in an OTP if their supervisor becomes unavailable because of COVID-19.
- SAMHSA updated its [FAQ document](#) outlining provisions to ensure ongoing access to medications for opioid use disorder through both OTPs and practitioners with a DATA 2000 waiver not providing care through an OTP.
- [SAMHSA](#) issued guidance on how treatment programs should handle controlled substance administration to people quarantined at home.

ENSURING ACCESS TO PRESCRIBED CONTROLLED SUBSTANCES: The Administration ensures patients and providers have continued access to prescribed Schedule II controlled substances.

- [DEA](#) published a flow chart with guidance for controlled substance prescribers including those who offer office-based buprenorphine for opioid dependence treatment during COVID-19.
- To offer practitioners greater flexibility in working with pharmacies in communicating prescriptions for patients. [DEA](#) posted guidance allowing providers to order Schedule II prescriptions by telephone to pharmacies under certain conditions.
- [DEA](#) granted an exception to the quantity of raw material a bulk manufacturer may hold in inventory to ensure schedule II controlled substance manufacturers will not experience raw materials shortages during the pandemic.

- [DEA](#) permitted certain hospitals/clinics the flexibility to use alternative satellite clinic/hospital locations under their current DEA registration, and to have these programs receive shipments of controlled substances directly.
- [DEA](#) published answers to frequently asked questions raised by distributors who may be receiving atypical orders for controlled substances due to COVID-19 treatment needs.
- [DEA](#) granted an exception to its regulations authorizing hospitals and pharmacies to distribute more than 5 percent of their annual dispensations to other hospitals and pharmacies in order to ensure that doctors had the controlled substances they required to treat ventilated patients with COVID-19.
- [DEA](#) published a final order in the Federal Register which increased the aggregate production quotas by 15 percent for certain schedule II controlled substances and List I chemicals used to treat ventilated patients.
- To ensure access to ventilator, palliative care, and some addiction treatment medications, [DEA](#) issued an exception to its “five percent rule,” allowing dispensers to send more than five percent of their controlled substance supply to another facility needing supplies as a result of treating COVID, without being a licensed distributor.

SUPPORTING RURAL AND TRIBAL COMMUNITIES: The Administration supports the needs of rural and tribal communities impacted by addiction.

- [DOL](#) released its state apprenticeship expansion grant funding and expanded the list of eligible activities to include health care jobs in rural areas and addiction services.
- [FCC](#) announced waivers to its Rural Health Care and E-Rate programs, allowing for improved internet capacity, Wi-Fi hotspots, networking gear, and other equipment enhancement services for telemedicine during the pandemic. FCC has also launched a \$200 million [telehealth initiative](#) to help rural health care providers deliver care through telehealth.
- [FTA](#) announced an expansion of assistance under its Emergency Relief Program for transit agencies, including assistance for transportation in rural areas.
- [HHS](#) released \$20 million in assistance for Telehealth for Maternal and Child Health programs, including programs to help promote maternal health (including behavioral healthcare) services for children with special healthcare needs (including those who are drug exposed), and grants to address clinician licensure portability.
- [HHS](#) awarded over \$11.5 million to support Telehealth Resource Centers to provide expertise and customized telehealth technical assistance throughout the United States and its territories, while also acting as a clearinghouse for telehealth research, program design and implementation.
- [IHS](#) has been given priority access to rapid point-of-care COVID-19 testing that allows for on-site results in under 13 minutes at the place of patient care. IHS is also holding scheduled conference calls with tribal leaders and Urban Indian Organizations to get updates, answer questions, and hear concerns from tribal communities and Urban Indian Organizations.
- [IHS](#) allocated over \$1.9 billion from the Coronavirus Preparedness and Response Emergency Supplemental Appropriations Act, the Families First Coronavirus and Response Act, the

Coronavirus Aid, Relief, and Economic Security (CARES) Act, and the Paycheck Protection Program and Health Care Enhancement Act for COVID-19 response activities across Indian Country.

- [HHS](#) distributed \$500 million to HIS, tribal, and Urban Indian health programs, which have been disproportionately impacted by COVID-19, from treatment of COVID-positive patients to the suspension of normal medical procedures. This funding will support the cost of providing COVID-19 healthcare services and offset lost revenue attributable to COVID-19.
- [SAMHSA](#) released a list of virtual support recovery resources that are critical in maintaining recovery.
- [USDA](#) is using all available program flexibilities and contingencies to feed children and help families in need, including families who are impacted by Substance Use Disorder in rural and tribal communities. . USDA is also deploying \$125 million for broadband, distance learning, and telehealth programs in rural America.



OFFICE OF NATIONAL DRUG CONTROL POLICY COVID-19 ADDITIONAL RESOURCES

- White House COVID-19 Guidance ([here](#))
- White House Guidelines for Opening up America Again ([here](#))
- ASPR COVID-19 Resources ([here](#))
- ASPR COVID-19 Health Workforce Virtual Toolkit ([here](#))
- CDC COVID-19 Guidance ([here](#))
- CMS COVID-19 Resources ([here](#))
- DEA COVID-19 Guidance ([here](#))
- DEA Secure Your Meds Campaign ([here](#))
- DOJ Report COVID-19 Fraud ([here](#))
- DOL COVID-19 and the American Workplace Resources ([here](#))
- DOL Dislocated Worker Grant Program ([here](#))
- DOL State Apprenticeship Expansion Grant Program ([here](#))
- DOT COVID-19 Resources ([here](#))
- FEMA Tribal FAQs ([here](#))
- FCC COVID-19 Resources ([here](#))
- FDA COVID-19 Resources ([here](#))
- HRSA Telehealth Resources ([here](#))
- IHS FAQs on the Federal Response in Indian Country ([here](#))
- NIH- NIDA Potential Implications for Individuals with Substance Use Disorders ([here](#))
- NIH-NIDA COVID-19 Resources ([here](#))
- NHTSA Office of EMS COVID-19 Resources ([here](#))
- SAMHSA Medication-Assisted Treatment Resources ([here](#))
- SAMHSA Recovery Resources ([here](#))
- SAMHSA Domestic Violence Resources ([here](#))
- USDA COVID-19 Resources ([here](#))