AMERICAN COLLEGE of NURSE-MIDWIVES
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Medication Assisted Treatment and Certified Nurse-Midwives

Policy Issue Brief

The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) was enacted into law on October 24, 2018. This Act expands earlier legislation in the 2016 *Comprehensive Addiction and Recovery Act (CARA)* to include Certified Nurse-Midwives (CNMs) among other providers able to prescribe medication-assisted treatment (MAT) to individuals suffering from substance and opioid use disorder.

Position:

The American College of Nurse-Midwives (ACNM) supports increased patient access to safe, responsible use of MAT for the comprehensive treatment of substance and opioid use disorder. Recognizing that substance and opioid use disorder in pregnancy is a disease that requires a team approach to treatment, ACNM supports policies that encourage the development of public health programs that address innovative interventions to treat addiction in pregnancy and allow midwives to support patients and families with addiction challenges across the lifespan.[1]

Steps for Obtaining a MAT Waiver:*

For CNMs to be eligible to apply for a MAT waiver from the Substance Abuse and Mental Health Services Administration (SAMHSA) they must complete 24 hours of required training that covers the following topics: opioid maintenance and detoxification; clinical use of all Food and Drug Administration (FDA)-approved drugs for MAT; patient assessment; treatment planning; psychosocial services; staff roles; and diversion control. CNMs who complete the required training will receive CE/CME credits and will have the ability to prescribe MAT to up to 30 patients once SAMHSA opens the application process for CNMs.

CNMs can begin the training immediately by taking existing MAT courses. ACNM remains in close contact with SAMHSA and will keep members apprised of when the agency is ready to begin accepting applications from CNMs. Once approval is received from SAMHSA, CNMs who have completed the 24 hours of required training may seek to obtain a DATA-waiver.

[1] http://www.midwife.org/acnm/files/acnmlibrarydata/uploadfilename/000000000052/PS-Substance-Use-Disorders-in-Pregnancy-FINAL-20-Nov-18.pdf

To qualify for a MAT waiver once the application process is in place, CNMs must:

- Be licensed under state law to prescribe Schedule III, IV, or V medications to treat opioid use disorder.
- If required by state law, be supervised or work in collaboration with a qualifying physician (i.e., a SAMHSA DATA-waived provider) to prescribe medications for the treatment of opioid use disorders. Please note that the physician doesn't also need the waiver, they only need to be qualified to apply for it.
- Apply for a DEA number with the DEA's Diversion Control Division (if a CNM doesn't already have one).
- Take 24 hours of required MAT waiver training through a qualified provider.
    - Visit SAMHSA online for detailed information related to waiver application, approved sources of education, and links to information on MAT, substance use disorder, etc.
    - Completion of 24 hours of initial education is required to quality for the waiver application:
        - 8 hours of MAT training, including waiver-qualifying requirements; and
        - 16 hours of additional related education.
    - Continuing nurse education is offered free of charge through funding provided by SAMHSA.
        - The American Society of Addiction Medicine (ASAM), American Association of Nurse Practitioners AANP and American Academy of Physician Assistants (AAPA) have formed a collaborative 24-hour buprenorphine waiver training.
- Once the 24 hours of required training is complete, submit the Notification of Intent (NOI) form found on the SAMHSA-CSAT-DPT website.
- Submit a copy of the training certificate to SAMHSA at infobuprenorphine@samhsa.hhs.gov or fax to (301) 576-5237.
- The waiver applications will be forwarded to the DEA, who will assign the CNM a special identification number. DEA regulations require this number to be included on all buprenorphine (MAT) prescriptions for opioid dependency treatment, along with the CNM's regular DEA registration number.
- SAMHSA reviews waiver applications within 45 days of receipt. If approved, CNM's will receive a letter via email that confirms their waiver and includes their prescribing identification number.

**NOTE: These steps are current requirements at the time of this correspondence but are subject to change. Each CNM is responsible to be compliant with any new steps or requirements. Refer to the Substance Abuse and Mental Health Services Administration (SAMHSA) website for up-to-date information.*

Prescriptive Authority and MAT:

CNMs may prescribe MAT in states where they have prescriptive authority for schedule III drugs, consistent with state law. A CNM must provide MAT in accordance with their professional state specific scope of practice, state laws and regulations, and the policies of their respective institution/ facility. Additionally, if a CNM practices in a state that requires a supervisory or collaborative practice agreement with a physician the physician must be a SAMHSA DATA-waived provider and

the practice agreement must indicate that the physician has authorized a CNM to provide MAT per the supervisory or collaborative practice agreement.

Updates from SAMHSA on CNMs and MAT:

- Information will be forthcoming regarding a "Notice of Intent" letter for the new APRNs eligible to prescribe buprenorphine under the DATA/MAT Waiver.
- The SAMHSA sponsor PCSS Website is currently under revision. Additional training resources will be available. https://pcssnow.org/.
- Additional information and resources are available at SAMHSA – MAT https://www.samhsa.gov/medication-assisted-treatment.
- On the SAMHSA- MAT website under "publications" – SAMHSA Publications and Resources on MAT will provide your members with timely information. The TIPs are very informative. The Journal Articles on Opioid Treatment, are specialty-population based articles.
- The SAMHSA-MAT website will be updated on a regular basis to provide additional resources, tools, and MAT guidance.

Background:

MAT is an important component of any opioid use disorder treatment regimen, proven to reduce illicit opioid use and decrease overdose deaths, lower rates of arrest and recidivism, decrease rates of disease transmission, and increase treatment compliance for cooccurring morbidities. Improved outcomes are reported for individuals, including pregnant women and infants.

Opioid overdoses cause one death every 20 minutes.[2] The current crisis has had an effect on women of childbearing age. Prescription opioid deaths, which have risen steadily in the United States over the past decade and a half, have increased more among women than among men: 400% vs 237% between 1999 and 2010.[3] Heroin use among women increased 100% between 2002 and 2013, a rate of increase roughly twice that of men.[4] Disturbingly, the vast majority of emergency department visits related to prescription opioid use by women occur for women of childbearing age between 25-44 years old.[5]Among admissions from pregnant women into substance use disorder treatment programs nationally, almost one-fourth are for prescription opioid use and an additional one forth are for heroin. [6]

[2] Rose A. Rudd et al., "Increases in Drug and Opioid Overdose Deaths—United States, 2000-2014," *Morbidity and Mortality Weekly Report* 64, no. 50 (2016): 1378–82, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w.

[3]Smith K, Lipari R. Women of childbearing age and opioids. In: The CBHSQ report. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2017.

[4] Centers for Disease Control and Prevention. Today's heroin epidemic. Available at: https://www.cdc.gov/vitalsigns/heroin/index.html. Retrieved May 16, 2018.

[5] Centers for Disease Control and Prevention. Prescription painkiller overdoes. Available at: https://www.cdc.gov/vitalsigns/prescriptionpainkilleroverdoses/index.html. Retrieved May 16, 2018.

[6] Toila VN, Patrick SW, Bennett MM, Murphy K, Sousa J, Smith PB et. al. Increasing incidence of neonatal abstinence syndrome in the U.S. neonatal ICUs. N Engl J. Med 2015;372:2118-26.

Opioid dependence during pregnancy is associated with risks for low birthweight neonatal abstinence/neonatal opioid withdrawal syndrome, neonatal mortality, and poor maternal outcomes.[7] One of the recommended treatments for pregnant women with an opioid use disorder is buprenorphine medication-assisted treatment (MAT). MAT—a combination of psychosocial therapy and U.S. Food and Drug Administration-approved medication—is the most effective intervention to treat opioid use disorder and is more effective than either behavioral interventions or medication alone.[8] MAT has been shown to improve pregnancy outcomes and can potentially reduce risky behavior associated with illicit drug use in the mother**.**

[7] Smith K, Lipari R. Women of childbearing age and opioids. In: The CBHSQ report. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2017.

[8] American Society of Addiction Medicine, *The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use* (2015), http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24; and U.S. Department of Health and Human Services, *Addressing Prescription Drug Abuse in the United States: Current Activities and Future Opportunities*" (2013), https://www.cdc.gov/drugoverdose/pdf/ hhs_prescription_drug_abuse_report_09.2013.pdf.