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 COVID-19 crisis, the White House Office of National Drug Control Policy (ONDCP) is leading efforts 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 who struggle with the disease of addiction can access and continue to receive treatment and recovery support services, while keeping themselves and healthcare professionals safe from unnecessary exposure to COVID-19.

“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 they need.”

ONDCP Director Jim Carroll

PRIORITIES

HELPING AMERICANS WHO STRUGGLE WITH ADDICTION: The Trump Administration is taking action to support Americans who struggle with drug addiction.

- 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.
- Numerous States and addiction treatment organizations have followed up on Federal actions to ensure that care is not disrupted by releasing guidance for substance use disorder treatment programs to keep patients and providers safe.

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

- DEA is allowing its registrants to prescribe outside of a State where they are registered, allowing them to work with patients across state lines through telemedicine.
- DEA and SAMHSA are permitting practitioners with a DATA 2000 waiver to prescribe buprenorphine to new and existing patients with opioid use disorder through telehealth or telephone.
- CMS expanded Medicare coverage of telehealth services and released guidance to States on tools to treat substance use disorder through telehealth.
- CMS released telemedicine guidance for providers in Medicare and Medicaid that contains guidance and links to reliable sources of information on telehealth practices.
- CMS issued a new rule permitting opioid treatment programs to provide therapy and counseling using audio-only telephone calls rather than via two-way interactive audio-video during the public health emergency.
- 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 Trump Administration is increasing flexibility for opioid use disorder treatment.**
- SAMHSA announced increased flexibility for methadone treatment, including blanket exceptions for all 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 issued a FAQ document outlining provisions to ensure ongoing access to medications for opioid use disorder in both OTPs and among practitioners with a DATA 2000 waiver not providing care through an OTP.
- DEA issued an exception to allow methadone transport to patients who cannot make in-person visits to a clinic.

**ENSURING ACCESS TO CONTROLLED SUBSTANCES: The Trump Administration is ensuring patients and providers have continued access to Schedule II controlled substances.**
- To reduce the need for in-person visits, 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 to ensure Schedule II and III controlled substance manufacturers will not experience raw materials shortages during the pandemic.

**SUPPORTING RURAL COMMUNITIES: The Trump Administration is supporting the needs of rural Americans and their families who are impacted by addiction.**
- SAMHSA released a list of virtual support recovery resources which are critical in maintaining recovery.
- 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.
- 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.
- FTA announced an expansion of assistance under its Emergency Relief Program for transit agencies, including assistance for transportation in rural areas.
OFFICE OF NATIONAL DRUG CONTROL POLICY
COVID-19 ADDITIONAL RESOURCES

• White House Guidance (here)
• CDC COVID-19 Guidance (here)
• Centers for Medicare & Medicaid Services COVID-19 Resources (here)
• DEA COVID-19 Guidance (here)
• Report COVID-19 fraud to DOJ (here)
• FDA’s COVID-19 Resources (here)
• Indian Health Service FAQs on the Federal Response in Indian Country (here)
• NIH: COVID-19: Potential Implications for Individuals with Substance Use Disorders (here)
• NHTSA’s Office of EMS COVID-19 Resources (here)
• The Notification of Enforcement Discretion on Telehealth Remote Communications (here)
• SAMHSA’s Resources (here)
• Single State Substance Use Authorities (here)
• State Opioid Treatment Authorities (here)
• USDA COVID-19 Resources (here)