

SAMHSA TOOL OVERHAUL — The Health department will dissolve public-facing online databases for providers who prescribe buprenorphine, a drug commonly used to treat opioid use disorder, next month, your host reports.

The Substance Abuse and Mental Health Services Administration plans to remove the listings beginning June 1, according to an email sent to addiction recovery advocates obtained by POLITICO.

Bloomberg Law [first reported the news](#).

In the email, the agency references the [2023 Mainstreaming Addiction Treatment Act](#), which eliminated a previous federal requirement that mandated practitioners apply for a special waiver before prescribing buprenorphine, which is FDA-approved for combating cravings and reducing physical dependence on opioids. SAMHSA said it had continued to maintain the database of previously waived practitioners after the law change, but “it was not possible to add new practitioners” to the tools, leading to the removal of the Buprenorphine Provider Locator and the Pharmacist Verification of Buprenorphine Provider databases on [SAMHSA.gov](#).

SAMHSA did not immediately respond to a request for comment on technical issues with the databases.

“SAMHSA plans to work with other federal agencies and partners to develop a new locator to assist individuals in need of services to find practitioners in their community,” the email sent by **Michele Monroe**, who works at the SAMHSA Center for Substance Abuse Treatment’s Division of Pharmacologic Therapies, said. “Inclusion in the new locator will be voluntary for practitioners to join.”

What experts have to say: Some addiction recovery advocates worry whether the agency will make good on its promise to develop a suitable replacement. The agency issued guidance last month on opioid use disorder drugs that encouraged a more “comprehensive approach” to treating addiction, citing “growing recognition that medications alone cannot address the legal, housing, family functioning, and other challenges that people with substance use disorders commonly face.”

“Whatever the federal government has planned, it needs to happen fast,” **Andrew Kessler**, who leads a consultancy firm that works with mental health and addiction groups, told POLITICO. “Pairing consumers with providers is not easy, as the disease we are dealing with has a severely shorthanded workforce, and the window of opportunity for care is small.”