

POLICIES FOR IMPROVING ACCESS AND QUALITY OF OPIOID TREATMENT



Opportunities to increase access to evidence-based treatment in licensed, accredited Opioid Treatment Programs (OTPs)

Make Requirements for MAT Coverage Under Medicaid Permanent

To increase access to medication-assisted treatment (MAT) for opioid use disorders (OUD), section 1006(b) of the SUPPORT Act requires states to provide Medicaid coverage of all medications for opioid use disorder and related counseling services and behavioral therapies.

This requirement is temporary and will expire in 2025.

This coverage requirement should be made permanent to ensure lasting coverage and access to evidence-based care for individuals with OUD.

Improve Access to OTPs in Rural Communities

Set-aside federal funds to be specifically used by states to expand the use of satellite and mobile units, particularly in rural areas.

Make COVID telehealth flexibilities, including telephonic counseling options, permanent.

Target loan forgiveness programs for addiction professionals working in rural areas.

Expand Access to MAT in Jails and Prisons

Require prisons and jails that receive federal support to offer access to all FDA-approved medications for MAT.

Support Medicaid coverage of individuals in incarcerated settings either through continuous coverage, reentry programming or presumptive eligibility for seamless reinstatement.

Support Congressman Tonko's Medicaid Re-entry Act H.R. 955 and Senator Markey's Community Re-Entry through Addiction Treatment to Enhance (CREATE) Opportunities Act S. 3028 (as introduced in the 117th Congress)

Stand Against Ineffective and Unsafe Policy Proposals

Vote NO on H.R. 1359 and S. 644 Modernizing Opioid Treatment Access Act

Current law requires that methadone, when used to treat opioid use disorder, be administered through an Opioid Treatment Program. These programs have robust systems to manage medication, prevent misuse and diversion, and ensure individuals have access to supportive counseling and behavioral therapies.

Policies that would allow for methadone to be prescribed for dispensing through retail pharmacies ignore significant evidence from the past 20 years that demonstrate that such practices result in increased diversion of methadone and methadone-related deaths.