

# State Strategies for Expanding Access to Opioid Use Disorder Medications

Decades of research and real-world experience have proven that medications, including buprenorphine and methadone, are the most effective treatment for opioid use disorder (OUD). However, policymakers face significant challenges in creating access to treatment medications for the rapidly growing population of individuals with OUD. This document outlines approaches to support optimal access to medications for OUD treatment, drawing upon research conducted by the Center for Evidence-based Policy, the Legal Action Center, and the Association for Community Affiliated Plans; research funded by the Substance Abuse and Mental Health Services Administration; and interviews with state policy officials. We present these strategies in categories targeted to state program administrators, clinicians and health systems, and individuals with OUD. Note that some strategies work in more than one category.

## STATE PROGRAM ADMINISTRATORS

Strategies for state program administrators to promote low-barrier access to OUD medications include the following:

- Elimination of OUD medication prior authorization, dosing limits, and treatment duration requirements and restrictions
- Elimination of any requirements for mandatory OUD medication tapering and discontinuation
- Establishment and promotion of OUD health homes to better address medical and mental health comorbidities
- Establishment of reimbursement mechanisms to support provider and individual outreach strategies (described below)
- Development of partnerships with academic medical centers to support development of Project ECHO and similar models and promote education on OUD treatment for clinical trainees
- Partnerships with other state agencies to support integration of OUD treatment and consistent messaging about the importance of OUD medication use across the health care system, including primary care, emergency department, and correctional settings



## CLINICIANS AND HEALTH SYSTEMS

Strategies to increase the number of providers offering medications to treat individuals with OUD include the following:

- Reimbursement and/or incentives for meeting federal training requirements to prescribe buprenorphine (i.e., DATA 2000 waiver), including coverage of training fees and missed clinical time
- Support for Project ECHO or similar programs (i.e., video conferencing between primary care providers and expert panels to discuss difficult cases) and referral call-lines dedicated to OUD treatment (especially targeted to rural providers)
- Support for those willing to care for large panels of individuals with OUD, such as additional reimbursement for care management support and nurse care managers
- Persistent outreach and education to providers about the science of opioid addiction and the effectiveness of OUD medications



## INDIVIDUALS WITH OUD



Strategies to support individuals with OUD starting OUD medications and sustaining treatment include the following:

- Support for programs that engage with people where they are and offer medication treatment or support for continued treatment (e.g., OUD medication programs in emergency departments, corrections facilities, mobile outreach units)
- Transportation support, either directly providing transportation or reimbursing for transportation costs, so that people can access OUD treatment
- Development of peer support specialist/navigator programs to engage with individuals with OUD and support care coordination among care settings (e.g., emergency department and outpatient treatment)
- Person-centered approaches to coverage and the promotion of OUD medication options that allow people to choose which OUD medication best fits their needs (e.g., allowing coverage of methadone, buprenorphine, naltrexone) and transition to other medications as they proceed in recovery

## NEXT STEPS

State program administrators and policymakers have multiple opportunities to continue to reduce barriers to OUD medication access across the health care continuum. However, there are limited data to determine which strategies are most effective, and much of the funding to support expansion of OUD medication access is time-limited. Better data collection and evaluation of efforts underway are needed to determine which strategies support the greatest access to OUD medications and are fiscally sustainable.

## Source Materials

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