CHAPTER 7

Abatement Report Fact Sheet

THE OPIOID EPIDEMIC

CHAPTER 7: Policy Infrastructure

Key Takeaway(s)

- Only an estimated 20 percent of people with opioid use disorder (OUD) receive treatment, and only about 34 percent of those treated receive evidence-based treatment (Blanco et al., 2013; Knudsen 2015). This means that less than 7% of people with an OUD get evidenced based treatment.
- Most regulations governing specialty SUD programs are enforced by state agencies charged with administering the federal Substance Abuse Prevention and Treatment (SAPT) block grant, and enforcement of standards is nearly always driven by complaints. If an investigation finds violations, a remediation plan must be developed, and the consequences for violating standards are uniformly weak.
- Aligning the standards for substance use disorder treatment facilities with the standards for other health care facilities would promote institutionalizing the evidence-based treatment in SUD programs.
- Barriers to the receipt of evidence-based treatment under Medicaid include: failures to screen and refer to treatment patients with an OUD; shortages of health professionals trained and certified to deliver MOUD; state requirements regarding the distribution and reimbursement of physician-administered MOUD; and lack of enforcement of federal requirements that states cover medications that the Food and Drug Administration has approved for treatment of OUD.

Recommendations

- States could enhance an individual's likelihood of receiving effective specialty OUD care by adopting licensing and contracting standards that:
  - Require the availability of medication for opioid use disorder (MOUD) and the medical personnel that must administer MOUD.
  - Prohibit treatment programs from screening out people who are being treated with medications through licensing and other standards.
- States can take a variety of actions to increase access to evidence-based treatments for Medicaid recipients and other people in treatment for OUD, including:
  - Promoting the identification of OUD cases through screening and referral requirements for all relevant treatment settings.
  - Allowing nurse practitioners and physician assistants to become certified and able to administer buprenorphine.
  - Relaxing strict requirements for how physician-administered MOUD is distributed and reimbursed.
  - Enforcing federal requirements for coverage of MOUD in the Medicaid program.
- State governments can work through their insurance commissioners to influence the availability and affordability of treatment for OUD beyond the Medicaid program. Strategies include:
  - Enforcing the provisions for parity coverage under the terms of The Mental Health Parity and Addiction Equity Act (MHPAEA) and the Affordable Care Act (ACA).
  - Establishing a standard for network access that health plans operating in a state must follow (McGinty et al., 2015).
  - Enforcing key laws and regulations governing opioid prescribing safety activities that private insurers must follow, including drug supply management policies.

- States should also consider making policy changes that expand the availability of naloxone.
- To limit the supply of opioid analgesics prescribed in health care settings, PDMPs have the strongest evidence of support.
- To prevent harms to children with parents who have SUD, states should:
  - Expand their CHIP and Medicaid programs.
  - Repeal laws and policies that take a punitive approach toward SUD in pregnancy.
  - Build interagency collaborations (ie: combining specialty SUD treatment with child welfare services and court monitoring).
  - Workforce training and development so more providers can help meet the needs of families affected by OUD.
  - Quality assurance monitoring.

Case studies/models/research findings

- States that incorporate robust PDMP elements, either through legislative mandates or program design decisions made at the agency-level, are more likely to achieve reductions in higher-risk opioid prescriptions than states in which PDMPs lack such features (Mauri et al., 2020).
- There is no evidence to support the effectiveness of punitive laws regarding SUD during pregnancy in decreasing parental substance misuse (Patrick & Schiff, 2017). The odds of neonatal opioid withdrawal syndrome (NOWS) among neonates is actually higher in states with such laws and policies (Faherty et al., 2019).

Implementation considerations (policy, costs, scaling, etc.)

- Expansion of licensure, especially for physician assistants and nurse practitioners, would result in expanded access and some potential savings related to the substitution of lower-cost professionals for physicians. However, most budgets would experience higher net costs.