

Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Regulatory Barriers and Strategies

Even though medications to treat opioid use disorder (MOUD) are effective, almost four in five Americans with opioid use disorder (OUD) do not receive any form of treatment, including with these medications. The gap in access to evidence-based care, including treatment with medications, stems in part from barriers to change within our existing health care system.

An individually authored discussion paper by members of the National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic identifies key barriers to access, use, and delivery of evidence-based treatment and focuses on actions to surmount barriers that compromise our current treatment system. Explore key regulatory barriers and strategies below.

Laws and Regulations Should Be Evidence-Based

Although clinicians can prescribe controlled substances such as fentanyl and morphine without mandatory training in substance use or pain management, **there are regulatory and logistical barriers to prescription of MOUD like methadone and buprenorphine that make it challenging for clinicians to prescribe life-saving medications.** Similar laws and regulations not rooted in evidence create additional barriers to treatment access, care coordination, lead to breaks in the treatment system, and frustration for clinicians treating those with OUD.

STRATEGY 1: Once there is an assurance of appropriate training for all prescribing clinicians, Congress should repeal the requirement to obtain a waiver to prescribe buprenorphine.

STRATEGY 2: States should consider expanding the training and scope of practice for nurse practitioners in order to facilitate greater access to medications for opioid use disorder.

STRATEGY 3: DEA and SAMHSA should encourage innovation on methadone delivery.

STRATEGY 4: Congress should preempt state laws that add unnecessary additional barriers to the provision of medications for opioid use disorder.

STRATEGY 5: Public and private payers should eliminate utilization policies that limit access to quality treatment.

Restrictions on Data Sharing Should be Reevaluated

A key component to comprehensive substance use treatment is the ability for clinicians to share data in an efficient, effective way that improves outcomes. Unfortunately, special privacy regulations impair data sharing for patient care. **Regulations like this may contribute to the fragmentation of substance use disorder treatment from the rest of the healthcare system** and hinder care coordination among clinicians caring for patients with substance use disorder.

STRATEGY 6: To improve care coordination among clinicians, SAMHSA should revise restrictions on data sharing specific to substance use treatment programs.

STRATEGY 7: NIDA should fund research exploring the impact of prescription drug monitoring programs and other data sharing tools on overdose mortality and other opioid-related health outcomes.

Physicians outside of OTPs are unable to prescribe methadone for OUD, even for long-time stable patients.

The majority of existing Opioid Treatment Programs (OTPs) **are running at more than 80% capacity.**

10% of OTPs cited state regulations as barriers to expanding treatment.

SOURCE: Madras, B. K., N. J. Ahmad, J. Wen, J. Sharfstein, and the Prevention, Treatment, and Recovery Working Group of the Action Collaborative on Countering the U.S. Opioid Epidemic. *NAM Perspectives*. Discussion Paper, Washington, DC. <https://doi.org/10.31478/202004b>

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