FINANCING STRATEGIES FOR SUBSTANCE USE DISORDER TREATMENT

Expanding Access to Medications for Opioid Use Disorder: A Checklist for States

By Disha Williams, Center for Health Care Strategies

One critical way to address the overdose epidemic is by increasing access to **medications for opioid use disorder (MOUD)**, which are safe, effective medications that can save lives and bring down the overdose death rate.[1] It is particularly important that evidence-based treatments, like MOUD, reach the populations disproportionately affected by opioid use disorder (OUD). Research demonstrates stark racial disparities in access to MOUD, with studies reporting lower access to MOUD by Black patients compared to their white counterparts.[2] Disparities in MOUD treatment access are closely associated with poor health outcomes, further emphasizing the need to increase access to MOUD.[3] While overdose death rates have increased in every major demographic group, they have most sharply increased among Black men and women.[4] States that strategically invest in expanding access to MOUD and other evidence-based services can achieve higher engagement rates in treatment and better reach the populations disproportionately affected by SUD and related overdose deaths.

Drawing from ***State Principles for Financing Substance Use Care, Treatment, and Support Services***, this checklist identifies four areas for states to explore as they consider expanding MOUD:

1. **Assess the status of public financing for MOUD;**

3. **Identify existing policy barriers to MOUD expansion;** and

2. **Identify strategies to grow the number of providers who offer MOUD;**

4. **Target MOUD expansion efforts to address SUD care inequities.**

PRINCIPLES-IN-ACTION SERIES: Financing Strategies for Substance Use Disorder Treatment

This checklist is part of a series detailing practical steps to guide state policy development aimed at strengthening substance use disorder (SUD) treatment systems, with a focus on sustainability and equity. It draws from the report *State Principles for Financing Substance Use Care, Treatment, and Support Services*. The report and series were developed by the Center for Health Care Strategies through a partnership with The Pew Charitable Trusts and support from Bloomberg Philanthropies. **VIEW THE SERIES »** | **READ THE FULL REPORT »**

Center for Health Care Strategies

Why expand access to MOUD?

MOUD refers to evidence-based, FDA-approved medications to treat patients with OUD. These medications — buprenorphine, methadone, and naltrexone — address brain chemistry to block the effects of opioids and relieve withdrawal symptoms.[5]

Overcoming prescribing barriers. While MOUD options are considered the gold standard in treating OUD, only 28% of patients with OUD report MOUD use.[6] The recent removal of the federal requirement for practitioners to obtain an X-Waiver to prescribe buprenorphine addresses a large structural barrier for many providers seeking to prescribe MOUD, and thus supports state efforts to expand access to MOUD.[7]

Demonstrated evidence. Evidence on MOUD treatment demonstrates that it can:

- **Reduce all-cause and opioid-related mortality** for people with OUD.[8]
- **Decrease total health care expenditures** compared to other forms of behavioral treatment for patients with OUD.[9]
- **Reduce overdose rates and serious opioid-related acute care use.**[10]

Adopt a Comprehensive Approach to Increasing Access to MOUD

Expanding access to MOUD is a crucial component in addressing morbidity and mortality related to OUD. This expansion should occur as part of a comprehensive approach that involves analyzing gaps and system needs across the entire continuum of care. To achieve this, the formation of an interagency workgroup is essential, including key stakeholders from agencies overseeing and funding services relevant to SUD care. Key stakeholders likely include representatives from the governor's office, Medicaid, substance use, mental health, public health, corrections, children and families, education, and housing departments. The workgroup should also include with people with lived experience and subject matter experts knowledgeable about MOUD treatment that can help identify existing gaps in MOUD access.

Per guidance from the Centers for Medicare & Medicaid Services (CMS) released in December 2020, all states are required to cover all forms of FDA-approved MOUD under Medicaid, though a range of public funding streams beyond Medicaid may play a role in removing barriers to accessing MOUD.[11] The fragmented nature of this funding can make it difficult to determine whether funding is adequate and being used in a strategic manner to maximize the impact of MOUD expansion efforts.

States can use the following checklist to support planning efforts to expand MOUD treatment.

1. Assess the status of public financing for MOUD.

- ❑ **How is the state currently funding MOUD?**

  States may be funding MOUD through a variety of public funding streams, including Medicaid. The interagency workgroup can identify all the funding streams directed toward MOUD. A fiscal mapping process can be used to inventory funds supporting MOUD, identifying key information such as source, amount, limitations on funding, and number of people the funding is serving.

- ❑ **Does the state's Medicaid program cover all authorized MOUD treatment options?**

  CMS guidance from 2020 requires states to provide Medicaid coverage for all forms of FDA-approved MOUD, including buprenorphine, naltrexone, and methadone.[12]

- ❑ **Has the state examined telehealth coverage for MOUD?**

  Research indicates that the initiation of buprenorphine through telehealth is effective for diverse patient populations, has numerous benefits, and is also typically linked with improved patient engagement in health care.[13] It is important to examine existing state policy on telemedicine use for MOUD prescribing and the feasibility of policy change, if necessary, as covering the tele-prescribing of MOUD addresses common barriers to MOUD, such as lack of transportation.

- ❑ **Has the state considered a waiver to offer pre-release coverage, including access to MOUD, to people before release from jails and prisons?**

  Disparities in access to MOUD exist in the criminal justice system, particularly for populations in jails and prisons.[14] States can leverage Medicaid to support MOUD expansion efforts by applying for a Section 1115 Waiver that waives the inmate exclusion policy, which prevents Medicaid from covering services for people while incarcerated.[15] This would improve continuity of care, decrease the potential for fatal overdose, and increase access to needed services for people who are returning to communities.

  California's 1115 waiver amendment, effective late January 2023, now authorizes Medicaid and the Children's Health Insurance Program to cover a targeted set of services, including behavioral health consultation and MOUD, to incarcerated individuals starting up to 90 days prior to their release.[16]

2. Identify strategies to grow the number of providers who offer MOUD.

- ❑ **Has the state considered developing a Center of Excellence to support providers newly prescribing MOUD?**

  Identifying a provider organization or health system with clinical expertise in providing MOUD, to serve as a Center of Excellence, can support existing and new MOUD prescribing providers with resources, educational materials, and peer mentoring to develop and sustain program activities.

- ❑ **Does the Medicaid state plan cover team-based care coordination for people with SUD?**

  Many providers cite poor care coordination, particularly related to managing complex patients and physician ability to refer patients to additional supportive services, as a barrier to prescribing buprenorphine.[17] States should consider covering team-based care coordination within the Medicaid state plan to address this barrier. This can promote facilitating more collaborative care and expanding the range of professionals involved in OUD treatment.

- ❑ **Has the state implemented value-based payment (VBP) models to incentivize MOUD administration and prescribing?**

  VBP models aim to reward value rather than volume and are tied to performance on targeted quality measures. Leveraging this type of payment model may support the expansion of MOUD administration/prescribing through the development of provider incentives for prescribing MOUD and meeting related quality measures and guidelines. When examining reimbursement rates, states can also assess how Medicaid reimbursement rates compare to rates in Medicare and commercial insurance plans and consider better alignment with these rates to support increasing provider participation.

- ❑ **Is there a need to help SUD providers develop the necessary clinical capacity and infrastructure to offer MOUD?**

  Capacity-building investments can play a large role in supporting the uptake of MOUD expansion among providers. It is important to examine how funds from the State Targeted Response to the Opioid Crisis grants, State Opioid Response (SOR) grants, Tribal Opioid Response grants, and the SUPPORT Act are currently being used and prioritize these funds toward developing provider capacity and infrastructure to offer MOUD. As part of these efforts, states can consider providing technical assistance to federally qualified health centers (FQHCs), certified community behavioral health centers (CCBHCs), and other

existing and potential providers of MOUD, with a particular focus on showing how protocols in these settings can include MOUD.

In **Florida**, SOR grant funds are used to support a peer-to-peer mentoring initiative. Specially trained physicians are deployed to various FQHCs and providers across the state to educate practitioners on evidence-based MOUD treatment.[18]

- ❑ **Does the state have a communications strategy to engage providers in prescribing MOUD?**

  States can create opportunities for provider champions to share their experiences and the professional satisfaction derived from engaging in this work, whether through written bulletins, community meetings, webinars, or other forums.

3. Identify existing policy barriers to MOUD expansion.

- ❑ **Does current Medicaid coverage include prior authorization (PA) requirements at the state or managed care levels?**

  Research demonstrates that policies focused on removing PA requirements, particularly for buprenorphine prescribing, may improve access to OUD treatment. Many states have opted to remove PA requirements and limit the ability of managed care organizations (MCOs) to require PAs for MOUD as part of a broader effort to expand access.[19]

- ❑ **Is there a monitoring approach to ensure access to MOUD across settings and within managed care plans?**

  Under 2017 Medicaid waiver guidance, residential care and other providers are required to ensure access to MOUD within one to two years of Section 1115 waiver approval.[20] States implementing waivers should monitor compliance with these programs.

  To monitor access to and continuity of MOUD across the treatment system, states can implement a set of measures that examines MOUD utilization rates, provider availability, and other aspects of a high-functioning treatment system.[21] **Alabama** reports these measures on an interactive dashboard.[22]

❑ **Do state provider requirements align with guidance from the American Society of Addiction Medicine?**

The American Society of Addiction Medicine (ASAM) recently revised its certification of residential treatment facilities to promote greater onsite access to MOUD. Aligning state provider requirements with ASAM guidance is crucial for promoting standardized and high-quality care.

Kentucky's Department for Medicaid Services requires all residential treatment facilities to obtain ASAM Level of Care certification as a part of the certification process.[23]

4. Target MOUD expansion efforts to address SUD care inequities.

❑ **Has the state conducted an MOUD service coverage needs assessment to determine gaps in geographic areas and care ecosystems?**

Strong data collection and analysis efforts can support states in making evidence-based policy decisions, implementing effective prevention strategies, and allocating resources more efficiently. These efforts can also support conducting a service coverage needs assessment that can detect emerging trends, identify high-risk populations, and prioritize resource allocation for individuals, communities, and geographic regions that exhibit the most significant needs.

Wisconsin conducted an assessment that examined gaps in the OUD treatment and services system. Data from the assessment was used to inform and prioritize funding and resource allocation efforts.[24]

❑ **Has the state explored low barrier/low-threshold treatment approaches to MOUD delivery?**

Research suggests that low-threshold treatment approaches have the potential to increase buprenorphine initiation rates and better reach underserved populations, including individuals in the criminal justice system, those experiencing homelessness, or lacking insurance coverage.[25] Identifying potential community-based settings for MOUD delivery, in addition to traditional health care/SUD treatment settings, can support expanding access to MOUD in high-need communities.

In Baltimore, **Maryland**, a mobile health clinic model is used to address the impact of the opioid epidemic. A van, staffed by medical practitioners, travels to various areas of the city, and provides buprenorphine as well as other harm reduction services and supplies.[26]

- ❑ **Is the state engaging with people with lived experience, particularly from communities that face disparities in access to MOUD, to identify and address barriers to access?**

  Engaging people with lived experience in MOUD expansion efforts, through establishing a topic-specific workgroup or leveraging the state's existing Medical Care Advisory Committee, can advance the identification of barriers to MOUD access that patients regularly face and potential solutions to address them.

Conclusion

This checklist serves as an initial resource and encourages states to explore four key areas related to MOUD expansion efforts including: (1) assessing public financing for MOUD; (2) growing the provider base for MOUD delivery; (3) identifying and dismantling policy barriers to expansion; and (4) targeting efforts to address SUD care inequities. By leveraging a multifaceted approach and maximizing available funding sources, states can not only effectively increase access to MOUD, but also aim for sustainability and equity in building a more comprehensive SUD treatment system. Additional policy actions and state examples can be found in the ***State Principles for Financing Substance Use Care, Treatment, and Support Services*** report.

ENDNOTES

[1] Centers for Disease Control and Prevention (CDC). "Drug Overdose Deaths." Available at: https://www.cdc.gov/drugoverdose/deaths/index.html.

[2] T. L. Mark, L. S. Goode, G. McMurtrie, L. Weinstein, and R. J. Perry. "Improving Research on Racial Disparities in Access to Medications to Treat Opioid Use Disorders." *Journal of Addiction Medicine*, 17, no.3 (2022).

[3] A. Parlier-Ahmad, M. Pugh, and C. Martin. "Treatment Outcomes Among Black Adults Receiving Medication for Opioid Use Disorder." *Journal of Racial and Ethnic Health Disparities*, 9, (2022).

[4] J. Gramlich. Recent Surge in U.S. Drug Overdose Deaths has hit Black Men the Hardest. Pew Research Center, January 2022. Available at:

https://www.pewresearch.org/short-reads/2022/01/19/recent-surge-in-u-s-drug-overdose-deaths-has-hit-black-men-the-hardest/.

[5] Substance Abuse and Mental Health Services Administration (SAMHSA). "Medications for Substance Use Disorders." Available at: https://www.samhsa.gov/medications-substance-use-disorders.

[6] P. M. Mauro, S. Gutkind, E.M. Annunziato, and H. Samples. "Use of Medication for Opioid Use Disorder Among US Adolescents and Adults with Need for Opioid Treatment, 2019." *JAMA Network Open*, 5, (2022): e223821.

[7] Substance Abuse and Mental Health Services Administration (SAMHSA). "Waiver Elimination (MAT Act)." Available at: https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act.

[8] L. Sordo, G. Barrio, M. J. Bravo, B. I. Indave, L. Degenhardt, L. Wiessing, et al. "Mortality Risk During and After Opioid Substitution Treatment: Systematic Review and Meta-analysis of Cohort Studies." *BMJ*. (2017).

[9] R. E. Clark, J. D. Baxter, G. Aweh, E. O'Connell, W. H. Fisher, and B. A. Barton. "Risk Factors for Relapse and Higher Costs Among Medicaid Members with Opioid Dependence or Abuse: Opioid Agonists, Comorbidities, and Treatment History." *Journal of Substance Abuse Treatment*, 57 (2015): 75-80.

[10] S. E. Wakeman, M. R. Larochelle, O. Ameli, C. E. Chaisson, J. T. McPheeters, W. H. Crown, et al. "Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder." *JAMA Network Open*, 3, no.2 (2020).

[11] Centers for Medicare & Medicaid Services. "Mandatory Medicaid State Plan Coverage of Medication Assisted Treatment." December 2020. Available at: https://www.medicaid.gov/sites/default/files/2020-12/sho20005_0.pdf.

[12] Centers for Medicare & Medicaid Services. "Mandatory Medicaid State Plan Coverage of Medication Assisted Treatment." December 2020. Available at: https://www.medicaid.gov/federal-policy-guidance/downloads/sho20005.pdf.

[13] N. Krawczyk, B. Rivera, C. King, and B. Dooling. "Pandemic Telehealth Flexibilities for Buprenorphine Treatment: A Synthesis of Evidence and Policy Implications for Expanding Opioid Use Disorder Care in the United States. *Health Affairs Scholar*, 1, (2023).

[14] C. Scott, C. Grella, M. Dennis, J. Carnevale, and R. LaVallee. "Availability of Best Practices for Opioid Use Disorder in Jails and Related Training and Resource Needs: Findings from a National Interview Study of Jails in Heavily Impacted Counties in the U.S." *Health & Justice*, 10, (2022).

[15] Centers for Medicare & Medicaid Services. "HHS Releases New Guidance to Encourage States to Apply for New Medicaid Reentry Section 1115 Demonstration Opportunity to Increase Health Care for People Leaving

Carceral Facilities." April 2023. Available at: https://www.cms.gov/newsroom/press-releases/hhs-releases-new-guidance-encourage-states-apply-new-medicaid-reentry-section-1115-demonstration.

[16] Centers for Medicare & Medicaid Services. "CalAIM Demonstration Approved." January 2023. Available at: https://www.dhcs.ca.gov/provgovpart/Documents/California-Reentry-Demonstration-Initiative-Amendment-Approval.pdf.

[17] R. Haffajee, A. Bohnert, and P. Lagisetty. "Policy Pathways to Address Provider Workforce Barriers to Buprenorphine Treatment." *American Journal of Preventive Medicine*, 54, (2018).

[18] For more information on Florida's State Opioid Response (SOR) Grant, see: Florida Department of Children and Families. Available at: https://myflfamilies.com/sites/default/files/2023-03/Florida%27s%20SOR%203%20Application.pdf.

[19] S. Keshwani, M. Maguire, A. Goodin, W. Lo-Ciganic, D. L. Wilson, and J.M. Hincapie-Castillo. "Buprenorphine Use Trends Following Removal of Prior Authorization Policies for the Treatment of Opioid Use Disorder in 2 State Medicaid Programs." *JAMA Health Forum*. (2022).

[20] Centers for Medicare & Medicaid Services. "Strategies to Address

the Opioid Epidemic." November 2017. Available at: https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd17003.pdf.

[21] The Pew Charitable Trusts. "States Should Measure Opioid Use Disorder Treatment to Improve Outcomes." October 2022. Available at: https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2022/10/states-should-measure-opioid-use-disorder-treatment-to-improve-outcomes.

[22] For more information on Alabama's interactive dashboard, see: Core Opioid Treatment Metrics. Available at: https://druguse.alabama.gov/coreopioid.html.

[23] For more information on the certification process for Kentucky's Department for Medicaid Services, see: KY Department for Medicaid Services Residential/Inpatient Provisional Certification Attestation. Available at: https://www.chfs.ky.gov/agencies/dms/Documents/SUDProvisionalCertificationAttestation.pdf.

[24] Wisconsin Department of Health Services. "Preventing and Treating

Harms of the Opioid Crisis." February 2020. Available at: https://www.dhs.wisconsin.gov/publications/p02605.pdf.

[25] The Pew Charitable Trusts. "Policies Should Promote Access to Buprenorphine for Opioid Use Disorder." May 2021. Available at: https://www.pewtrusts.org/-/media/assets/2021/05/policiesshouldpromoteaccesstobuprenorphine_brief.pdf.

[26] A. Rosecrans, R. Harris, R. E. Saxton, M. Cotterell, M. Zoltick, C. Willman, et al. "Mobile Low-threshold Buprenorphine Integrated with Infectious Disease Services." *Journal of Substance Abuse Treatment*, 133, (2022).