

STATE STRATEGIES TO EXPAND ACCESS TO MEDICATION- ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER

The opioid epidemic is a public health emergency. According to the Centers for Disease Control and Prevention, every day an average of 130 Americans die from an opioid overdose. Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies. Numerous studies have shown the effectiveness of MAT in reducing drug use, disease rates, and opioid-related mortality. Despite its clear evidence of effectiveness, MAT is unfortunately very underutilized and difficult to access.

Important work to improve access to MAT is happening all across the country. There are many potential strategies for states to consider and employ to expand access to MAT and help millions more Americans with substance use disorders (SUD) become and remain well. State policy-makers are expanding access to MAT and other SUD care using state legislation, executive action by the governor or attorney general, and regulatory activity through various state agencies, including the single state agency for substance use, the Medicaid agency, and the department of insurance. **State policy-makers should consider which combination of these mechanisms could best improve access to SUD care, including MAT.**

KEY TAKEAWAYS TO STRENGTHEN MAT AVAILABILITY, STATES SHOULD:

1. **REMOVE BARRIERS TO HEALTH INSURANCE COVERAGE** including enforcement of the federal Mental Health Parity and Addiction Equity Act
2. **BUILD THE CAPACITY OF THE SUD CARE SYSTEM**
3. **BETTER INTEGRATE CARE** (physical care, mental health, and SUD)
4. **IMPROVE MAT ACCESS FOR THE JUSTICE-INVOLVED**
5. **STRENGTHEN MAT ACCESSIBILITY**

1. REMOVE BARRIERS TO HEALTH INSURANCE COVERAGE INCLUDING ENFORCEMENT OF THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT

Ensure all three addiction medications [methadone, buprenorphine/naloxone (Suboxone), and injectable naltrexone (Vivitrol)] and related services are covered by Medicaid

LOOK TO:

[NEW JERSEY](#)
& [UTAH](#)

Ensure all three addiction medications are covered by state's Essential Health Benefits benchmark plan

LOOK TO:

[CALIFORNIA](#)

Eliminate prior authorization for MAT in private insurance and Medicaid

LOOK TO:

ILLINOIS
Statutes eliminating prior authorization for MAT in [Medicaid](#) and [private insurance](#).

Improve MAT provider reimbursement rates

LOOK TO:

[VIRGINIA](#)

Enforce federal and state mental health and SUD parity laws

LOOK TO:

[CALIFORNIA](#)
(insurance department oversight)
& [NEW YORK](#)
(Attorney General enforcement)

Reduce number of uninsured people who need SUD care by expanding Medicaid

LOOK TO:

[KENTUCKY](#)
& [WEST VIRGINIA](#)

2. BUILD THE CAPACITY OF THE SUD CARE SYSTEM

Promote state policies that allow for the opening of new opioid treatment programs

LOOK TO:

INDIANA,
FLORIDA, &
NEW YORK

Build a hub and spoke model of care

- The hub and spoke model features centralized intake and initial management at the “hub” with ongoing management provided through “spokes” in the community.

LOOK TO:

VERMONT

Institute Project ECHO (Extension for Community Healthcare Outcomes)

- Health care providers receive training on SUD/MAT via telemedicine

LOOK TO:

NEW MEXICO

Leverage new federal discretionary dollars to strengthen capacity

- Consider funding through the following federal agencies: SAMHSA (the Substance Abuse and Mental Health Services Administration), the Centers for Medicare and Medicaid Services (CMS), the Health Resources Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC) and the Department of Justice

LOOK TO:

ARIZONA & IOWA

Improve network adequacy for MAT providers

LOOK TO:

MARYLAND
(statute, implementing
regulations)

3. BETTER INTEGRATE CARE (PHYSICAL, MENTAL HEALTH AND SUD)

Utilize Medicaid waivers and initiatives aimed at addressing co-occurring health care needs

LOOK TO:

[RHODE ISLAND & VERMONT](#)

Strengthen the ability of community health centers, including FQHCs, to address SUD and MH care needs

LOOK TO:

[MASSACHUSETTS](#)

Support training and build the capacity of primary care to offer MAT

LOOK TO:

[COLORADO](#)

Strengthen efforts to provide telemedicine

LOOK TO:

[CONNECTICUT](#)

Include training on SUD treatment, including MAT, in medical school curricula

LOOK TO:

[OKLAHOMA](#)

4. IMPROVE MAT ACCESS FOR THE JUSTICE-INVOLVED

Ensure people receive high quality SUD care, including all forms of MAT, during incarceration and as they reenter the community

LOOK TO:

**RHODE ISLAND
& CONNECTICUT**
(Public Act. 18-166,
Section 6)

Develop policies and practices that support uninterrupted Medicaid coverage as people move throughout the CJS and between the CJS and the community

LOOK TO:

OHIO

Promote diversion to health care, including SUD care, wherever possible, including pre-charge

LOOK TO:

**SEATTLE'S
LEAD PROGRAM**

Ensure judges, probation or parole officers and other law enforcement officials allow people under their supervision to receive appropriate SUD care, including MAT

LOOK TO:

KENTUCKY

Utilize peers to assist in enrollment, provide navigation and increase health literacy

LOOK TO:

**TRANSITIONS
CLINIC**
(Work in their 25 net-
work sites, including
North Carolina)

5. STRENGTHEN MAT ACCESSIBILITY

Connect people to MAT and other care following overdose in the community

LOOK TO:

[MISSOURI](#)

Utilize hospital emergency departments to connect people to MAT and other care

LOOK TO:

[MARYLAND](#)

Support work to bring MAT to syringe exchange and other outreach programs

LOOK TO:

[SAN FRANCISCO](#)

Develop partnerships with child welfare to promote the importance of MAT and other care to healthy moms and their kids

LOOK TO:

[OHIO'S MOMS
\(Maternal Opiate
Medical Supports\)
program and their
tools](#)

Utilize recovery coaching to support medication-assisted recovery

LOOK TO:

[NEW YORK](#)

RESOURCES TO FURTHER EXPLORE STATE STRATEGIES TO IMPROVE ACCESS TO MAT INCLUDE:

AHRQ (Agency for Healthcare Research and Quality) Environmental Scan, “[Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care](#),” October 2017.

CMS (Centers for Medicare and Medicaid Services) State Medicaid Directors Letter, “[Strategies to Address the Opioid Epidemic](#),” November 2017.

CMS [State Waivers List](#).

CMS [Substance Use Disorder Tools & Resources](#).

HRSA (Health Resources and Services Administration) [Awards to Community Health Centers](#) to Expand Access to Substance Use Disorder and Mental Health Care.

NIDA (National Institute on Drug Abuse) [Resources on Medication-Assisted Treatment](#).

SAMHSA (Substance Abuse and Mental Health Services Administration) [Resources on Medication-Assisted Treatment](#).

SAMHSA [Project Summaries](#) for State Targeted Response to the Opioid Crisis Grants, 2017.

SAMHSA-HRSA Center for Integrated Health Solutions [Resources on Medication-Assisted Treatment](#).

AATOD (American Association for the Treatment of Opioid Dependence) [Policy Papers and Statements](#) on Increasing Access to Medication-Assisted Treatment.

ASAM [National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use](#).

Healthy Women Legislator Toolkit, “[Resources for Strengthening Families and Communities by Improving Access to Treatment for Substance Use Disorder](#).”

Legal Action Center [MAT Advocacy Tools](#).

National Association of State Alcohol and Drug Abuse Directors, “[Consensus Statement on the Use of Medications in Treatment of Substance Use Disorders](#)”

“[How States Are Tackling the Opioid Crisis](#),” Wickramatilake, Shalini, et al..”
Public Health Reports, vol. 132, no. 2, Mar. 2017, pp. 171–179,
doi:10.1177/0033354916688206.

National Conference of State Legislatures [Health Innovations State Law Database](#).