

Legal Advocacy to Protect Health Care Access for People who Use(d) Drugs

People who use drugs or have substance use disorders often experience discrimination when trying to access health care. For example, someone diagnosed with opioid use disorder who takes medication to treat their OUD may be denied admission to a skilled nursing facility because of discriminatory and incorrect assumptions about OUD and MOUD.

Denial of care based on substance use often violates anti-discrimination laws and causes enormous harm. Ensuring that people have access to treatment for substance use and other health needs is crucial, particularly amid the country's overdose crisis where Black, Latinx, and indigenous people are dying at increasingly high rates.

This resource provides guidance on how lawyers and others can help advocate for people to access critical health care.

THE FACTS

The denial of health care and stigma toward people who use or used drugs occurs in virtually every health care setting – even when the services someone needs have nothing to do with drug use. Health care providers often deny services based on illegitimate reasons, including stigma toward people who use drugs (PWUD), opinions that people are only in recovery if they are abstinent, or beliefs that PWUD are responsible for their health conditions or less worthy of care. Some health care facilities say that they lack capacity to serve PWUD or people with substance use disorders (SUDs) because they are too “challenging” or “high need.”

Many health care providers discriminate against people because they treat their opioid use disorder (OUD) with agonist medication, either methadone or buprenorphine, which is the standard of care. Medication for opioid use disorder (MOUD) is proven to reduce the risk of overdose, illicit drug use, and communicable disease. Yet health care providers often hold common, inaccurate beliefs about MOUD, for example, that it “substitutes one addiction for another.” For more information, read [LAC’s Medication for Opioid Use Disorder: Myths and Facts](#).¹

The following are real-world examples of common barriers to health care:

Denial of admission to recovery housing

- Shane takes buprenorphine to treat their OUD. A drug court mandates Shane to live in recovery housing. However, the recovery homes in Shane’s area do not allow MOUD because they are “abstinence-based” and say they have nowhere to store the medication.

Denial of admission to skilled nursing facility (SNF)/nursing home

- Mary takes methadone for OUD and needs short-term rehabilitation in an SNF after a hospitalization. SNFs refused to admit Mary, saying they do not admit people who take methadone.
- Gary disclosed his alcohol use disorder (AUD) on his application for admission to a nursing home. The nursing home says that they do not serve this population because they cannot provide the additional services needed.

Denial of home care

- Althea had surgery and needs intravenous (IV) antibiotic treatment after discharge from the hospital. Although the hospital typically discharges someone needing this care with a peripherally inserted central catheter (also called a PICC line) so they can complete the antibiotic treatment at home, the hospital tells Althea that because of her history of substance use, from which she is in recovery, home care is not an option. The hospital says she can either go to a nursing home or daily to an outpatient clinic for treatment.

Denial of surgery

- Pete is hospitalized for endocarditis, a heart infection caused by his injection drug use. The hospital will not conduct a valve replacement surgery even though the surgery is consistent with clinical standards. The doctor believes the surgery is not a good use of hospital resources because of Pete’s drug use.
- Erica needs a heart transplant. The hospital refuses to add her to the transplant list even though she meets the medical criteria. They say she is disqualified because she previously used methamphetamine and was diagnosed with an SUD.

ER failure to offer SUD care

- Stacey is taken to the E.R. after an opioid overdose. E.R. staff administer naloxone, provide rehydration, and restore their respiratory function. After just a few hours in the E.R., Stacey is discharged with a slip of paper listing three treatment programs. No one offers them MOUD, naloxone to reverse a future overdose, or help connecting to OUD care in the community.

¹ For more information about methadone, visit [SAMHSA’s Methadone](#) page. For more about buprenorphine, visit [SAMHSA’s Buprenorphine](#) page. For more general information about SUDs, visit the [National Institute on Drug Abuse \(NIDA\)](#).

THE LAW

Denial of health care in circumstances like those described above, where decisions are based on an individual's SUD or drug use rather than on legitimate medical grounds, likely violates anti-discrimination laws.

Four federal laws prohibit discrimination based on disability in health care settings: the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973 (Rehabilitation Act), the Affordable Care Act (ACA), and the Fair Housing Act (FHA). These laws prohibit covered entities from denying health services because of disability or current illegal drug use.

WHO IS SUBJECT TO THESE LAWS

ADA – applies to state and local government entities (Title II - 42 U.S.C. § 12132) and places of public accommodation (Title III - 42 U.S.C. § 12182), which generally include SNFs, hospitals, recovery homes, community-based medical offices, and home care agencies.

Rehabilitation Act – applies to federally operated or assisted programs or activities, including many health care entities (29 U.S.C. § 794; 45 C.F.R. § 84.4; 28 C.F.R. § 42.503).

Section 1557 of the ACA – applies to health programs or activities that receive federal assistance (42 U.S.C. § 18116).

FHA – applies to housing and related services, including recovery homes (42 U.S.C. § 3602(e); 42 U.S.C. § 3604(f); 24 C.F.R. § 100.202-204).

State and local laws also may prohibit disability-based discrimination and provide other legal claims, such as negligence or malpractice. The **Emergency Medical Treatment and Labor Act (EMTALA)** provides protections through its minimum medical care requirements on most hospital emergency departments.² These laws are beyond the scope of this publication but should be explored.

WHO THESE LAWS PROTECT

To receive protection under these anti-discrimination laws, a person generally must be an “individual with a disability.” This includes people with a current disability, a record of disability, as well as those who are regarded as having a disability. Disability is defined as a *physical or mental impairment that substantially limits one or more major life activities*.³

- **Physical or mental impairment:** The implementing regulations for the anti-discrimination laws explicitly state that SUD is an impairment.⁴
- **Substantially limits one or more major life activities:** There is ample case law finding that SUD can substantially limit one or more major life activities, such as caring for oneself, concentrating, thinking, working, and brain and neurological functioning.⁵

² For more information about EMTALA and discrimination in emergency rooms, read LAC's [report EMERGENCY: Hospitals Can Violate Federal Law by Denying Necessary Care for Substance Use Disorders in Emergency Departments](https://www.lac.org/resource/emergency-hospitals-can-violate-federal-law-by-denying-necessary-care-for-substance-use-disorders-in-emergency-departments) (<https://www.lac.org/resource/emergency-hospitals-can-violate-federal-law-by-denying-necessary-care-for-substance-use-disorders-in-emergency-departments>). For more information about filing federal complaints based on emergency room violations of EMTALA and of anti-discrimination laws, read LAC's [guide Be Empow\(ER\)ed! Know Your Rights to Addiction Care for Drug & Alcohol-Related ER Visits](https://www.lac.org/assets/files/BeEmpowered_final.pdf) (https://www.lac.org/assets/files/BeEmpowered_final.pdf).

³ 42 U.S.C. § 12102 (ADA); 29 U.S.C. § 705 (Rehabilitation Act); 42 U.S.C. § 18116 (ACA); 42 U.S.C. § 3602(h) (FHA).

⁴ 28 C.F.R. §§ 42.540(k)(2)(k) and 42.540(o) (Rehabilitation Act); 28 C.F.R. §§ 35.108(b)(2) and 36.105(b)(1) (ADA).

⁵ See, e.g., *MX Grp., Inc. v Covington*, 293 F.3d 326, 338 (6th Cir. 2002); 28 C.F.R. § 36.105 (ADA); 29 U.S.C. § 705(20)(C)(ii) (Rehabilitation Act); 42 U.S.A. § 18116 (ACA); 42 U.S.C. § 3602(h) (FHA).

People in *recovery* from any type of SUD – including those taking MOUD – are generally considered to have a disability.⁶ So are people with current alcohol use disorder. In each case, however, the individual must show that their SUD substantially limits (or limited) one or more major life activities.

Unfortunately, people who are currently engaging in illegal use of drugs are excluded from the definition of “individual with a disability.”⁷ **But they do have important protections. They may not be denied health services based on their current illegal drug use.⁸ This critical protection is often overlooked!**

Who is an Individual with a Disability	
Alcohol use disorder including past or current use	Generally an “individual with a disability”
SUD not involving current illegal use of <i>drugs</i>	Generally an “individual with a disability”
SUD involving current illegal use of <i>drugs</i>	Not an “individual with a disability.” But still protected from denial of health services due to current illegal use of <i>drugs</i> .

TYPES OF DISCRIMINATORY ACTIONS

There are three major types of discrimination under these laws:

1. “Disparate treatment discrimination,” which involves treating someone differently because of their disability;
2. “Disparate impact discrimination,” which involves a neutral act that has a disproportionate impact on people with a disability; and
3. Failure to provide a “reasonable accommodation” (or “modification”) that is necessary for a person with a disability to participate in a program or receive a service.

The anti-discrimination laws and their implementing regulations provide examples of discriminatory actions.⁹ Below are some of these examples, applied to the cases discussed above. (Note that the FHA is applicable when the “service” denied is housing.) This list is not exhaustive.

⁶ If someone is taking MOUD, or another medication that treats their disability such that while on those medications, their major life activities are not limited, they are still considered an “individual with a disability.” This is because a person in recovery could have a “record of” SUD (a disability) or be “regarded as” having a disability.

⁷ 42 U.S.C. § 12210 (ADA); 29 U.S.C. 705(20)(C) (Rehabilitation Act). These two statutory provisions and their implementing regulations provide more information about what constitutes “current” illegal use of drugs. Note that the case law varies among circuits, and there is no bright line.

⁸ 42 U.S.C. § 12210(c) (ADA); 29 U.S.C.A. § 705 (Rehabilitation Act); 42 U.S.A. § 18116 (ACA); 42 U.S.C. § 3602(h) (FHA).

⁹ 28 C.F.R. § 35.130 (ADA, Title II); 42 U.S.C. § 12182 (ADA, Title III); 29 U.S.C. § 794 (Rehabilitation Act); 45 C.F.R. § 84.4 (Rehabilitation Act); 28 C.F.R. § 42.503 (Rehabilitation Act); 42 U.S.C. § 18116 (ACA); 42 U.S.C. § 3604 (FHA).

Denying participation or the benefits of a service on the basis of disability.

- Mary, who has OUD, was denied admission to an SNF because it does not admit people who take methadone, which she takes to treat her disability – OUD.

Denying equal participation or benefits on the basis of disability.

- The hospital where Althea had surgery denied her the option of discharge to home care – an option it provides to other people – because her medical records show a diagnosis of SUD and that she is in recovery.

Providing different benefits on the basis of disability.

- Because of Althea’s SUD, the hospital only offered to discharge her to a nursing home or outpatient care for IV antibiotic treatment, but gives people without SUD the additional option of home care.

Admission criteria that screen out or tend to screen out people with disabilities or other methods of administrative that discriminate against people with disabilities.

- The nursing home to which Gary applied has application questions that screen for AUD by asking about frequency of alcohol use. Based on his answers, the nursing home refuses to admit Gary.
- A recovery home will only admit Shane if Shane pays a surcharge – which the home only imposes on people taking MOUD (no other medication). The home says it is necessary to cover increased staff time and storage costs.

Denial of reasonable modifications for people with disabilities.

- Shane asks a recovery home for a reasonable modification of its policy that does not allow people to take MOUD. The recovery home refuses because it believes that recovery from OUD requires abstinence from even prescribed drugs.

Denial of health services due to current illegal use of drugs.

- The hospital denied Pete a heart valve replacement because of his current illegal drug use even though the surgery was clinically indicated.

AFFIRMATIVE DEFENSES

Some entities may assert the affirmative defense that an individual with SUD – or their treatment with MOUD – creates a “direct threat” to the safety of themselves or others.¹⁰ But this “direct threat” defense is extremely difficult to satisfy. It requires showing “a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices or procedures, . . .”¹¹ The defense fails unless the defendant made an “individualized assessment” relying on “current medical knowledge or on the best available objective evidence” and has assessed: (1) “the nature, duration, and severity of the risk[,]” (2) “probability that the potential injury will actually occur[,]” and (3) “whether reasonable modifications of policies, practices, or procedures . . . will mitigate the risk.”¹² Reliance on assumptions, stereotypes, or speculation does not satisfy the requirement for rigorous, individualized proof.¹³

Entities may also assert the affirmative defenses that providing a requested reasonable modification would “fundamentally alter” their program or constitute an “undue burden” (i.e., significant difficulty or expense). However, these defenses are unlikely to justify denying the type of services described in this publication. For example, an SNF would have a hard time proving that it is an undue burden to make a reasonable modification of storing methadone onsite, given that it likely stores other controlled substances. Alternatively, a recovery home may argue that allowing people to take MOUD fundamentally alters their “abstinence-based” model. However, allowing MOUD would not fundamentally alter their major goal of recovery.

¹⁰ See 42 U.S.C. 12182(b)(3); 28 C.F.R. § 35.139(a); *id.* at § 36.208(a).

¹¹ 42 U.S.C. § 12182(b)(3); 28 C.F.R. § 35.104; *id.* at § 36.104.

¹² 28 C.F.R. § 35.139(b); *id.* at § 36.208(b).

¹³ See, e.g., *Bragdon v. Abbott*, 524 U.S. 624 (1998) (holding that dentist’s treatment of patients living with HIV did not constitute a direct threat).

ADVOCACY STRATEGIES

Advocates have many options for helping PWUD and people with SUD access health care despite stigma and discrimination. They include:

- **Advocacy without litigation;**
- **Filing complaints with Federal, State, or local enforcement agencies; and**
- **Litigation.**

TIPS FOR ADVOCACY WITHOUT LITIGATION

When people are denied health care because of their past or current drug use, time is of the essence. A quick way to advocate for someone to receive service is to reach out to the entity denying the service, often through a demand letter, to inform them that they are violating the law. This method may be more successful in areas of the law that are more clearly established.

Below are tips for advocacy using the example of Mary, who was denied admission to an SNF because she takes methadone for OUD. These tactics can be adapted for other situations.

Recall that Mary takes methadone and needs care in an SNF after a hospitalization. Twenty-two facilities refused to admit Mary, saying that they do not admit people who take methadone.

Advocacy Steps:

1. Gather evidence of the discrimination. Mary likely has a social worker at the hospital who made the referrals and who could confirm the rejections and their basis. If the social worker will not give you a physical copy of the rejections, document the social worker's name and position and that they informed you of the rejections and the reasons why.
2. If you do not have time to advocate with all of the SNFs that denied her admission, ask Mary if there are a few she would prefer. For example, she may prefer SNFs that are well rated or close to home. Advocate with those SNFs.
3. Ask Mary about her treatment history, such as:
 - a. Diagnosis and medication type;
 - b. Name of treatment program or prescribing practitioner;
 - c. Treatment history, including length of time in treatment, compliance with program rules, and stability in treatment; and
 - d. If applicable, frequency of take-home doses (for methadone),¹⁴ or frequency of prescription (for buprenorphine).
4. As a methadone patient, Mary receives treatment at an "opioid treatment program" (OTP). OTPs – and many other SUD programs – are subject to strict confidentiality regulations contained in 42 CFR Part 2 ("Part 2").¹⁵ Ask Mary to sign a Part 2-compliant release. (Visit [LAC's website](#) for examples.) The release will allow you, Mary's treatment program, and named facilities to communicate with one another.
 - a. Note, if Mary was prescribed buprenorphine, her prescriber may or may not work in a Part 2 program. To find out, ask the provider if they are and obtain any necessary release forms.

¹⁴ When people start taking methadone, they have to go to their opioid treatment program daily for their medication. Eventually, many people can "take home" weeks' worth of medication at a time for daily use. Even if someone does not have take-home doses, the opioid treatment program should be able to give several weeks' worth of medication at a time while the person is in an SNF.

¹⁵ 42 CFR Part 2 is a federal law that requires federally assisted treatment programs (Part 2 programs) to obtain a patient's written consent before making a disclosure of protected records and information in most circumstances. Patient consent must always be written and include specific information about the recipient of the records and the records to be shared. OTPs are Part 2 programs. You may need to ask other types of providers if they are a Part 2 program.

5. Contact Mary's treatment program to confirm her treatment history (the items in point three).
6. Draft your demand. See Attachment A for an example. The basic information to include is:
 - a. Facts of the case, including patient information and treatment history.
 - b. Summary of the legal standards and case law/federal enforcement.
 - i. For updated case law, refer to LAC's resource, [Cases Involving Discrimination Based on Treatment with Medication for Opioid Use Disorder \(MOUD\)](#).
 - ii. Any applicable state or local claims.
 - c. Information about logistics – which will differ depending on whether the person takes methadone or buprenorphine.
 - i. If someone takes methadone, the logistics for getting medication from their program are more complicated, in part because methadone must be dispensed at an OTP. Methadone is not prescribed by a doctor and prescriptions are not filled at a pharmacy – it is “dispensed” at an OTP (except in limited circumstances). However, methadone does not have to be “administered,” or taken, at an OTP. For questions about logistics surrounding methadone, for example about transportation, storage, record keeping, and/or paperwork, connect the SNF to the OTP after you send the demand.
 - ii. If someone takes buprenorphine, the SNF can prescribe the medication or the patient can obtain it from their current prescriber ¹⁶
7. Send the demand and negotiate with the facilities.
8. If the negotiation is unsuccessful, consider filing a complaint with an enforcement agency or a lawsuit.

TIPS FOR FILING ADMINISTRATING COMPLAINTS

Enforcement authority under the anti-discrimination statutes described in this publication is spread among different federal agencies listed here. Complaints under **State and local laws** likely can be filed with State and local agencies, such as State Attorneys General or ombuds and patient protection offices. People can file their own complaints or have an advocate file on their behalf.

ADA – File complaints with the US Department of Justice, [here](#). There is no time limit for filing a complaint, but it is best not to wait too long because of possible time limits on DOJ's ability to file an enforcement action.

Rehabilitation Act or ACA – File complaints with the US Department of Health & Human Services Office of Civil Rights (OCR), [here](#). You must file complaints within 180 days of the discrimination, unless you can show “good cause” for filing later.

FHA – File complaints with the US Department of Housing and Urban Development, [here](#). You must file complaints within one year of the discrimination.

When people are denied health care because of their past or current drug use, time is of the essence.

¹⁶ Before 2023, health care professionals could not prescribe buprenorphine without a DEA license, known as an “X-waiver.” That requirement has been removed.

It is helpful to include the following information in all complaints:

- **Name of entity or person that discriminated;**
- **Date(s) of discrimination;**
- **Circumstances around the discrimination** (e.g., “I needed admission to a recovery home as part of a drug court order but was rejected because I take buprenorphine...”); and
- **Evidence of discrimination** (physical documentation, documentation of conversations, stigmatizing comments, etc.).

Complaints against hospital emergency departments for violation of **EMTALA** can be filed with the agency that investigates complaints about hospitals in the state where the incident occurred. See Centers for Medicare & Medicaid Services list [here](#).

NOTES ON LITIGATION

Litigation may be necessary, especially if intermediate steps do not succeed. Because there has been very limited (if any) litigation on some of these issues, any new case law may have a large impact. Therefore, it is important to develop the case law thoughtfully.

Legal Action Center may be able to participate in litigation, offer back-up support, or provide other assistance in select cases.

ADDITIONAL RESOURCES

- For a sample letter you can use to advocate for an individual’s right to MOUD, see Attachment A, or [click here](#) for a word document template.
- For more information about denial of care in emergency rooms, see LAC’s report, [Emergency: Hospitals are Violating Federal Law by Denying Required Care for Substance Use Disorders in Emergency Department](#), and guide on filing Federal complaints, [Be Empow\(er\)ed: Know Your Rights to Addiction Care for Drug & Alcohol-Related ER Visits](#).
- For more information about MOUD Denial, visit LAC’s [MAT Advocacy Toolkit](#).

ATTACHMENT A

SAMPLE LETTER TO SKILLED NURSING FACILITY (SNF) ADVOCATING FOR ADMISSION OF PATIENTS ON MEDICATION FOR OPIOID USE DISORDER

[Date]

[SNF administrator]

[Title]

[Address/Contact information]

RE: [subject]

Dear [SNF administrator]:

The [advocate's organization name] is writing on behalf of [individual name], who was illegally denied admission to [SNF name] because [she/he/they] take[s] medication for opioid use disorder ("MOUD"). We request that you agree to admit [individual name] into your facility as soon as [date upon which admission to the SNF is necessary] and alert the [hospital and/or MOUD provider, as applicable] that [her/his/their] admission is approved. We also seek a change of policy and staff training so that other individuals receiving MOUD are not illegally excluded from admission.

Factual Background

[Explain the individual's situation, for instance where they currently are (for example, "individual is a patient in 'x' hospital") and why they need SNF care. Explain how you know that the SNF has denied admission to the individual – be as specific as possible. Reference any written evidence and include documentation as attachments to this letter. State that the individual is diagnosed with opioid use disorder (OUD). Explain that the individual is in treatment for their OUD and prescribed medication (methadone or buprenorphine). State the name of the opioid treatment program (OTP) if they take methadone, or name of the prescribing doctor, if they take buprenorphine. If true, explain that the individual is stable on their dosage and consider stating how long the individual has been in treatment. If the individual takes buprenorphine, state how often their prescription is filled.]

Legal Violations

A policy or practice that denies admission to individuals because they take MOUD, such as methadone or buprenorphine, to treat their opioid use disorder ("OUD") is disability-based discrimination that violates several laws, including Section 504 of the Rehabilitation Act of 1973 ("Rehabilitation Act"), Section 1557 the Affordable Care Act ("ACA"), the Americans with Disabilities Act ("ADA"), [and relevant state or local anti-discrimination laws]. The law is well settled that individuals with substance use disorders, such as OUD, are individuals with a disability and skilled nursing facilities ("SNFs") may not discriminate against them. Discrimination includes:

- Denying individuals with OUD the benefits of or the full and equal enjoyment of services because of their disability or the medication taken to treat their disability;¹

¹ 29 U.S.C. § 794; 45 C.F.R. § 84.4; 28 C.F.R. § 42.503; 42 U.S.C. § 18116; 28 C.F.R. § 35.130; 42 U.S.C. § 12182.

- Applying eligibility criteria that screen out or tend to screen out individuals with OUD;² and
- Failing to provide a reasonable accommodation to the policy or practice of not admitting people who take MOUD.³

[*Update paragraph as needed depending on new legal developments.*] The United States Department of Justice (“DOJ”) has entered into several settlement agreements with SNFs that denied admission to individuals being treated with methadone or buprenorphine to treat their OUD, in violation of the ACA, the Rehabilitation Act, and the ADA.⁴ The settlement agreements required the SNFs to stop denying admission to people taking MOUD, create and adopt non-discrimination policies, train staff on MOUD and federal civil rights law, and pay civil monetary penalties as high as \$60,000.⁵

Implementation

There are several ways for an SNF to provide patients with access to MOUD. For methadone, the SNF can coordinate directly with the patient’s home OTP: either to transport the patient to the OTP or to have the SNF or a designated third-party transport methadone from the OTP to the facility. The SNF does not need any special license or certification to facilitate access to methadone provided by an outside OTP. For buprenorphine, the SNF can prescribe the medication, or the patient can obtain it from their current prescriber.⁶ Methadone and buprenorphine may be stored securely at the facility with all other controlled substances, and the medication can be administered to patients.⁷

The [SNF name]’s denial of admission to people because they take MOUD violates the law. As is [her/his/their] right, [individual name] requests a reasonable modification of this policy and practice to accommodate [her/his/their] disability.

The [advocate’s organization name] is willing to work with [SNF name] and [individual name]’s [OTP/prescribing doctor/pharmacy] to arrange logistics and address any concerns. I can provide you with any necessary signed release form authorizing [individual name]’s [OTP/prescriber] to share [her/his/their] records. I also can connect you to resources to facilitate your implementation of MOUD for all persons who need it in your facility. [*Include any details about the need for immediate attention and timeliness – for example, when the patient will be discharged. Repeat the date and time by which you need an answer.*] I can be reached at [advocate’s contact information].

Sincerely,

[Advocate name]

[Title]

[Contact information]

² *Id.*

³ *Id.*

⁴ DOJ, *Settlement with Charlwell Operating Nursing Facility, LLC* (2018); DOJ, *Agreement with Athena Health Care Systems* (2019); DOJ, *Agreement with Alliance Health and Human Services* (2020); DOJ, *Agreement with Genesis HealthCare, Inc.* (2021); DOJ, *Agreement with CareOne Realty, LLC, Hebrew Senior Life, Inc., Sheehan Health Group, LLC, and Wingate Healthcare* (2021); Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) and DOJ, *Agreement with The Oaks* (2021).

⁵ *Id.*

⁶ Before 2023, health care professionals could not prescribe buprenorphine without a DEA license, known as an “X-waiver.” That requirement has been removed.

⁷ See Bureau of Health Care Safety and Quality, Department of Public Health, *Circular Letter: DHCQ 16-11-662 - Admission of Residents on Medication Assisted Treatment for Opioid Use Disorder*, available at <https://archives.lib.state.ma.us/handle/2452/807097?show=full>.