

## **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

# LAC 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:	<u>NEW JERSEY</u> & <u>UTAH</u>
Ensure all three addiction medications are covered by state's Essential Health Benefits benchmark plan	LOOK TO:	<b>CALIFORNIA</b>
Eliminate prior authorization for MAT in private insurance and Medicaid	LOOK TO:	<b>ILLINOIS</b> Statutes eliminating prior authorization for MAT in <u>Medicaid</u> and <u>private insurance</u> .
Improve MAT provider reimbursement rates	LOOK TO:	<b>VIRGINIA</b>
Enforce federal and state mental health and SUD parity laws	LOOK TO:	CALIFORNIA (insurance department oversight) & <u>NEW YORK</u> (Attorney General enforcement)
Reduce number of uninsured people who need SUD care by expanding Medicaid	LOOK TO:	<u>KENTUCKY</u> & <u>WEST VIRGINIA</u>

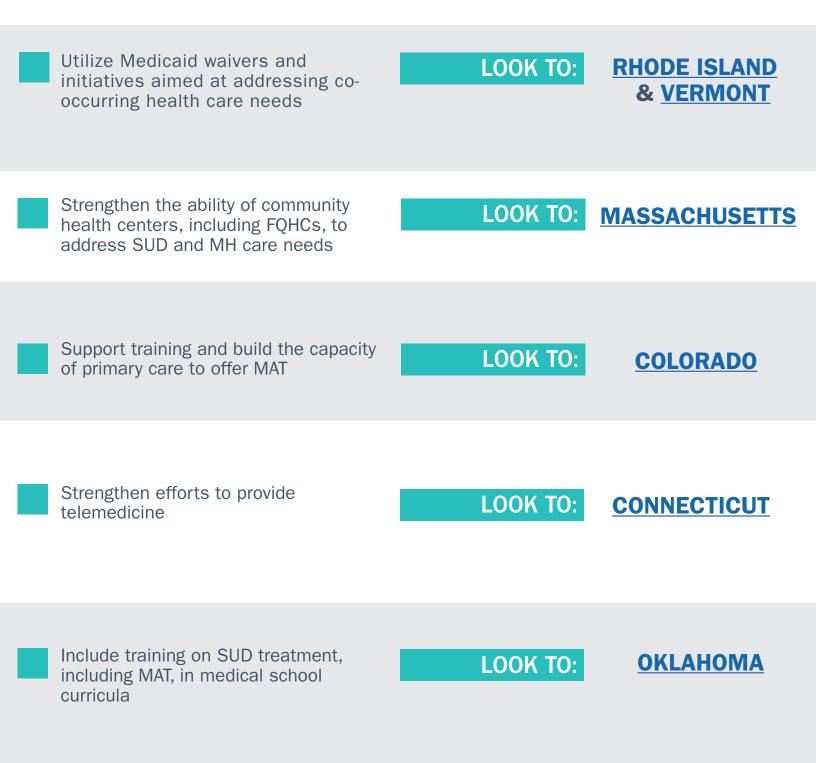
# 2. BUILD THE CAPACITY OF THE SUD CARE SYSTEM

Promote state policies that allow for the opening of new opioid treatment programs	LOOK TO:	INDIANA, FLORIDA, & NEW YORK
<ul> <li>Build a hub and spoke model of care</li> <li>The hub and spoke model features centralized intake and initial management at the "hub" with ongoing management provided through "spokes" in the community.</li> </ul>	LOOK TO:	<b>VERMONT</b>
<ul> <li>Institute Project ECHO (Extension for Community Healthcare Outcomes)</li> <li>Health care providers receive training on SUD/MAT via telemedicine</li> </ul>	LOOK TO:	NEW MEXICO
<ul> <li>Leverage new federal discretionary dollars to strengthen capacity</li> <li>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</li> </ul>		ARIZONA & IOWA
Improve network adequacy for MAT providers	LOOK TO:	<b>MARYLAND</b> (statute, implementing

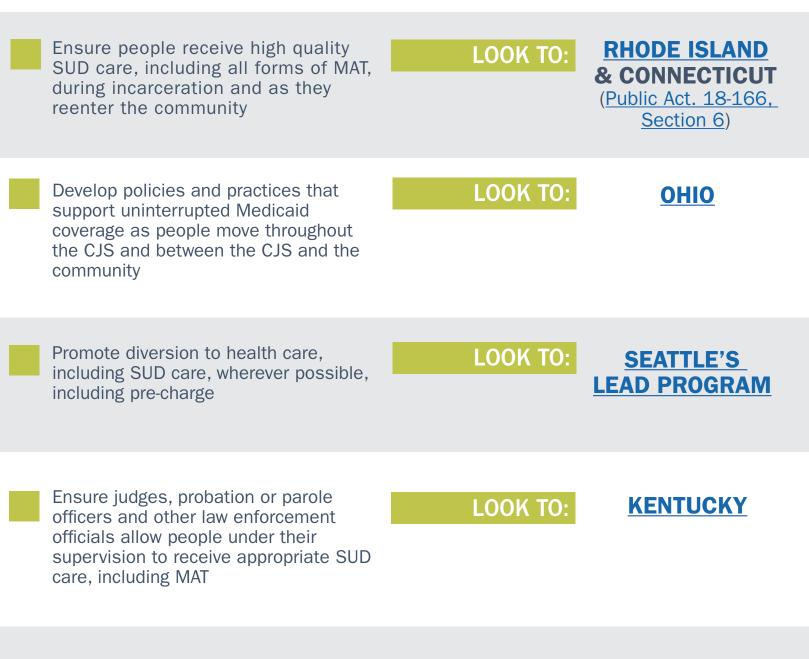
(<u>statute</u>, <u>implementing</u> regulations)

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



## 4. IMPROVE MAT ACCESS FOR THE JUSTICE-INVOLVED



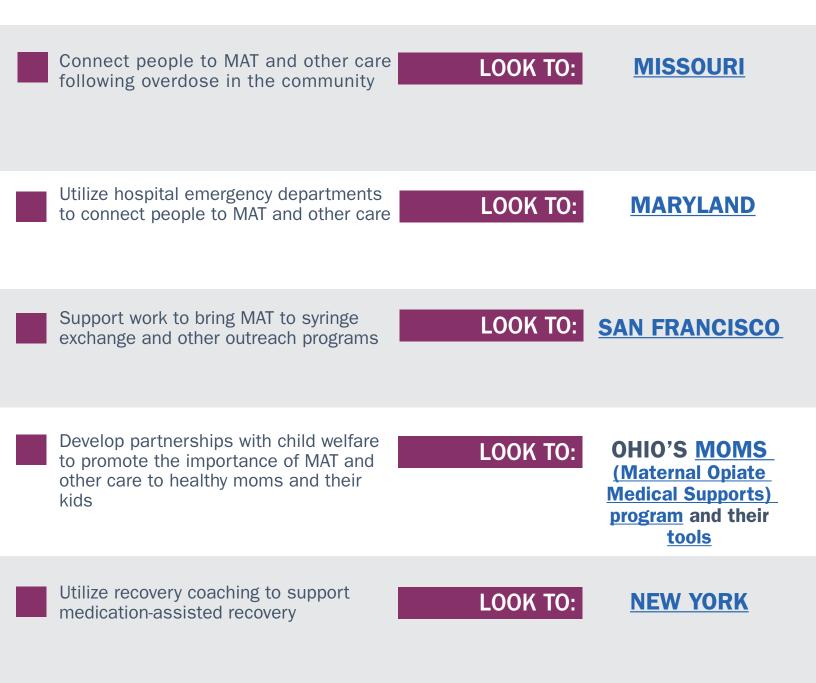
Utilize peers to assist in enrollment, provide navigation and increase health literacy

LOOK TO:

#### TRANSITIONS CLINIC (Work in their <u>25 net-</u> work sites, including North Carolina)



### **5. STRENGTHEN MAT ACCESSIBILITY**



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

- AHRQ (Agency for Healthcare Research and Quality) Environmental Scan, "<u>Implementing</u> <u>Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care</u>," October 2017.
- CMS (Centers for Medicare and Medicaid Services) State Medicaid Directors Letter, "<u>Strat-</u> egies to Address the Opioid Epidemic," November 2017.

CMS State Waivers List.

CMS Substance Use Disorder Tools & Resources.

HRSA (Health Resources and Services Administration) <u>Awards to Community Health Centers</u> 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) <u>Resources on</u> <u>Medication-Assisted Treatment</u>.
- SAMHSA <u>Project Summaries</u> for State Targeted Response to the Opioid Crisis Grants, 2017.
- SAMHSA-HRSA Center for Integrated Health Solutions <u>Resources on Medication-Assisted</u> <u>Treatment</u>.
- AATOD (American Association for the Treatment of Opioid Dependence) <u>Policy Papers and</u> <u>Statements</u> on Increasing Access to Medication-Assisted Treatment.
- ASAM <u>National Practice Guideline for the Use of Medications in the Treatment of Addiction</u> Involving Opioid Use.
- Healthy Women Legislator Toolkit, "<u>Resources for Strengthening Families and Communities</u> by Improving Access to Treatment for Substance Use Disorder."
- Legal Action Center MAT Advocacy Tools.
- National Association of State Alcohol and Drug Abuse Directors, "<u>Consensus Statement</u> on the Use of Medications in Treatment of Substance Use Disorders"
- "<u>How States Are Tackling the Opioid Crisis</u>," 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 <u>Health Innovations State Law Database.</u>

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