

## America's drug overdose epidemic: Select 2020 research

**\*Updated November 11, 2020**

### Overview and relationship to COVID-19

As the COVID-19 pandemic continues, there also continues to be research and other published information and commentary regarding the nation's drug overdose epidemic. The new information, including media reports, corroborates and further supports several key points that the AMA has made regarding what is needed to end the nation's drug overdose epidemic:

- Patients are undeniably harmed by health insurance companies that use prior authorization, inadequate networks and implement other barriers to treatment for opioid use disorder;
- Policies that restrict prescribing of controlled substances may unintentionally harm patients with pain;
- Persons incarcerated in the nation's jails and prisons need much greater access to evidence-based medications to treat addiction;
- Harm reduction strategies, including sterile and needle exchange, are necessary to help protect against the spread of infectious disease and other harms; and
- The nation's drug overdose epidemic is not monolithic and solutions must consider the unique experiences of individual communities and racial, ethnic, gender and other demographic profiles.

The AMA has developed [detailed policy recommendations concerning opioid use disorder, pain and harm reduction during the COVID-19 pandemic.](#)

Please visit [www.end-overdose-epidemic.org](http://www.end-overdose-epidemic.org) for more information about efforts across organized medicine, including resources from the AMA Opioid Task Force and AMA Pain Care Task Force

**Select 2020 research and presentations (please see below)**

## Select 2020 research and presentations

### **[Chronic pain and high-impact chronic pain among U.S. adults, 2019.](#)** National Center for Health Statistics. November 2020.

Data is from the NCHS National Health Information Survey, which interviewed nearly 32,000 adults found that:

- In 2019, 20.4% of adults had chronic pain and 7.4% of adults had chronic pain that frequently limited life or work activities (referred to as high impact chronic pain) in the past 3 months.
- Chronic pain and high-impact chronic pain both increased with age and were highest among adults aged 65 and over.
- Non-Hispanic white adults (23.6%) were more likely to have chronic pain compared with non-Hispanic black (19.3%), Hispanic (13.0%), and non-Hispanic Asian (6.8%) adults.
- The percentage of adults with chronic pain and high-impact chronic pain increased as place of residence became more rural.

### **[Chronic Noncancer Pain Management and Systemic Racism: Time to Move Toward Equal Care Standards.](#)** Editorial. The Journal of Pain Research. November 2020.

In a wide-ranging editorial, the authors detail the extensive history and evidence detailing the pervasive nature of bias, racism and structural inequity faced by Black, Indigenous and People of Color (BIPOC) with respect to pain care across multiple settings. Among the recommendations to address the longstanding problems, the authors call for “taking steps to incorporate BIPOC voices in policy decisions, increasing the number of BIPOC professionals in leadership and health equity roles, and providing more opportunities for BIPOC individuals to enter health and medical professions, in particular Black, Indigenous and Latinx individuals focused on pain management practices.”

### **[Expanded Access to Naloxone Can Curb Opioid Overdose Deaths.](#)** Issue Brief from The Pew Charitable Trusts. October 2020.

The issue brief provides wide-ranging information, including state-specific examples and evidence, laws and policies to increase access to naloxone to patients and third-parties; law enforcement; community distribution; mandates for prescribing and solutions to reduce costs.

### **[First glance: COVID-19 Buprenorphine Provider Survey Report.](#)** American Academy of Addiction Psychiatry. October 15, 2020.

New data from a survey launched by the American Academy of Addiction Psychiatry (AAAP) in collaboration with a wide cross-section of medical, academic and healthcare organizations found

that more than 80 percent of surveyed X-waivered physicians, physician assistants and nurse practitioners who treat patients with opioid use disorder (OUD) want virtual visits and other telehealth options to continue after the COVID-19 public health emergency.

Additional findings included:

- 78 percent of respondents said that the COVID pandemic has caused them to put on hold or reduce in-person visits
- 75 percent of physicians and other healthcare professionals have used virtual visits to help maintain medication to treat OUD; 48 percent have used telehealth to initiate medication to help treat OUD
- 76 percent of providers perceived that their patients were satisfied with virtual visits to maintain medications for opioid use disorder; 58 percent of respondents perceived that their patients were satisfied with virtual visits for behavioral health and counseling services

**[Response to the Colorado Division of Insurance re: House Bill 20-1085.](#)** American Medical Association, Colorado Medical Society, Colorado Pain Society, Manatt Health. September 30, 2020.

In an actuarial analysis of Colorado HB 20-1085 AMA, the CMS, CPS and Manatt Health found that cost-effective, evidence-based alternatives to opioids (ALTOs) for patients with pain not only provide clear health benefits for patients, but they also would save money on other health services. The analysis reinforces the need for a multimodal approach to treatment of pain that requires a critical review of administrative and other health benefit barriers, exclusions and exceptions to coverage that both inhibit the use of ALTOs and fail to address the needs of patients with acute or chronic pain. HB 20-1085, which was passed by the legislature but vetoed by the governor, would have provided for: up to six physical therapy, occupational therapy, acupuncture and chiropractic visits, respectively, with cost-sharing no greater than that charged for non-preventive primary care visits, as nonpharmacological alternatives to opioid treatment; eliminating prior authorization (PA) for nonpharmacological treatments; coverage for at least one “atypical opioid” at the lower cost tier, without step therapy or PA; and no step therapy for the prescription and use of any additional atypical opioids for the treatment of acute or chronic pain.

**[COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States.](#)** Molecular Psychiatry. September 14, 2020.

The authors, including Nora D. Volkow, M.D., Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health, performed a retrospective study of more than 73 million patients, of whom 12,030 had a COVID-19 diagnosis, and found that compared to Caucasian patients, African Americans diagnosed with COVID-19 and a substance use disorder (SUD) had greater mortality and hospitalization rates. “individuals with [a substance use disorder], particularly recent OUD, were at increased risk for COVID-19 and these effects were

exacerbated in African Americans compared to Caucasians. The authors make several observations, including:

- “our findings at a macroscopic level provide evidence that SUD should be considered a condition that increases risk for COVID-19, a comorbidity that has particularly deleterious effects to African Americans.”
- “when vaccine or other treatments become available, this has implication for deciding who is at greater risk.
- “our findings also underscore the importance of providing support for the treatment and recovery of individuals with SUD as part of the strategy to control the COVID pandemic.

**American Association for the Treatment of Opioid Dependence Board of Directors State Chapter Responses Regarding COVID-19. August 31, 2020.**

This report covers responses from Opioid Treatment Programs across 19 states. The survey responses found that “the emergency use of telehealth and telephonic services for wrap-around clinical care were generally well received but not for everyone.” In addition, respondents said that “Medicare representatives provided early flexibility in allowing OTPs to provide up to 28-day supplies of take-home medication through reimbursement.” However, “[f]or the most part, state Medicaid programs did not demonstrate such flexibility.” The survey also found that “OTPs had major financial difficulties and the impact is still being assessed.”

**Nonfatal Drug and Polydrug Overdoses Treated in Emergency Departments — 29 States, 2018– 2019. U.S. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. August 28, 2020.**

The authors provide important data regarding nonfatal drug overdoses, including prevalence of polypharmacy drug use involved in overdose.

**Therapies Offered at Residential Addiction Treatment Programs in the United States. JAMA. August 25, 2020.**

In a research letter examining the availability of access to medications to help treat opioid use disorder, the authors found that only 29 percent of treatment programs offered and would support continuation of opioid agonist treatment (OAT). Nearly 40 percent “did not offer OAT or were unclear about whether OAT was available,” and more than 20 percent “actively discouraged callers from using OAT.” The authors noted that state licensure and accreditation standards “did not ensure availability of OAT or low use of anti-OAT language.” In an understatement, the authors said that “these findings raise concerns about the quality of care offered by residential programs.”

**Overdose Education and Naloxone Distribution Within Syringe Service Programs — United States, 2019.** U.S. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. August 21, 2020.

In addition to providing sterile needles and syringes to help reduce blood borne infections, syringe service programs (SSPs) distributed more than 700,000 doses of naloxone, including refills, during a 12-month study period that captured the responses of 263 SSPs nationwide. The study also found that more than 25 percent of respondent SSPs distributed naloxone to more than 1,000 persons in the past 12 months, and 29 percent of SSPs “ran out of naloxone or needed to ration their naloxone in the preceding 3 months.” Naloxone distribution varied by region.

**Public Safety Announcement: Surge in Overdose and Suicide Deaths Review. First 6 Months of 2020.** DuPage County, Illinois. August 20, 2020.

DuPage County Coroner Richard Jorgensen, M.D. reported on overdose data for the first six months of 2020 compared to the same period in 2019. Dr. Jorgensen reported that “the number of overdose deaths have increased by 52% over the same period in 2019. The majority of this increase was during the “Shelter at Home” COVID-19 period. In Jan/ Feb the number of overdoses were less than 2019, so the large increase was more profound in looking at the next four months. There were 17 OD’s in the Pre-COVID time frame compared to 15 in the same time frame of 2019. During the COVID quarantine there were 53 deaths (30 during the same time frame of 2019). The age ranges continue to represent a majority of 20- and 30-year olds.”

**Medications for Opioid use Disorder Associated With Less Against Medical Advice Discharge Among Persons Who Inject Drugs Hospitalized With an Invasive Infection.** Journal of Addiction Medicine. August 14, 2020.

In a study of “262 adults admitted with serious injection related infections and comorbid OUD, 138 received inpatient medications for opioid use disorder (MOUD).” The researchers found that “inpatient receipt of MOUD was associated with a decreased risk of “against medical advice” discharge.”

**Association of Pregnancy and Insurance Status With Treatment Access for Opioid Use Disorder.** JAMA Open Network. August 14, 2020.

Using a “secret shopper” approach across 10 states, the authors found that “callers representing pregnant women were less likely than callers representing nonpregnant women to be granted an appointment with an opioid use disorder treatment clinician.” More than 28,000 calls were made during the study period. The authors compared access to buprenorphine-waivered clinicians and Opioid Treatment Programs for women with private insurance or Medicaid.

Among the findings:



- “With both buprenorphine-waivered prescribers and OTPs, insurance was associated with appointment access.”
- “Nonpregnant callers with Medicaid were less likely than nonpregnant callers with private insurance to be granted an appointment with buprenorphine-waivered prescribers.”
- For 26 percent of buprenorphine-waivered prescribers and 32 percent of OTPs, appointments were offered only when the caller said she could pay cash.

**Primary Care Providers And Specialists Deliver Comparable Buprenorphine Treatment Quality. Health Affairs. August 2020.**

The authors focus on care provided in North Carolina Medicaid from 2014 to 2017, measuring quality of care with respect to buprenorphine used to help treat opioid use disorder. The authors found that quality increased for patients treated by primary care physicians as well as specialists.

**OPIOID USE DISORDER: Treatment with Injectable and Implantable Buprenorphine: United States. Government Accountability Office. August 2020.**

Among GAO’s findings was that the “use of injectable and implantable buprenorphine to treat OUD is relatively low compared to oral forms of buprenorphine. HHS has reported that about 7,250 prescriptions were issued for injectable and implantable buprenorphine in fiscal year 2019, compared to over 700,000 patients who received buprenorphine prescriptions for oral formulations to treat OUD or pain in that year.” GAO reported multiple potential reasons for the low use of injectable and implantable formulations, including prior authorization, cost and provider education.

**The Opioid Crisis and the Black/African American Population: An Urgent Issue. U.S. Substance Abuse and Mental Health Services Administration. July 2020.**

According to SAMHSA, “Attention to this epidemic has focused primarily on White suburban and rural communities. Less attention has focused on Black/African American\* communities which are similarly experiencing dramatic increases in opioid misuse and overdose deaths. The rate of increase of Black/African American drug overdose deaths between 2015-2016 was 40 percent compared to the overall population increase at 21 percent. This exceeded all other racial and ethnic population groups in the U.S.<sup>5</sup> From 2011-2016, compared to all other populations, Black/African Americans had the highest increase in overdose death rate for opioid deaths involving synthetic opioids like fentanyl and fentanyl analogs.” The issue brief provides additional data and policy recommendations as well as examples of promising strategies to engage communities and increase access to treatment and reduce stigma.

**The Opioid Crisis And The Hispanic/Latino Population: An Urgent Issue. Substance Abuse and Mental Health Services Administration Office of Behavioral Health Equity. July 2020.**

This issue brief highlights the need for greater community supports and data that the opioid misuse rate among Hispanic/Latinos is similar to the national population rate, about 4 percent. In 2018, 1.7 million Hispanic/Latinos and 10.3 million people nationally, aged 12 and older, were estimated to have engaged in opioid misuse in the past year. Opioid and other substance use and misuse among Hispanic/Latino youth. National data from multiple sources specific to high school aged youth indicate that Hispanic youth are using drugs at rates that are equivalent or higher compared to their racial/ethnic peers. In 2017, the CDC YRBS reported that high school Hispanic youth had the highest prevalence of select illicit drug use (16.1 percent) and prescription opioid misuse (15.1 percent) compared to the total high school youth population (14.0 percent for both) and other race/ethnicities. Similarly, NIDA's 2018 MTF indicates that in general, Hispanic eighth graders had the highest levels of substance misuse across all substances compared to Whites and African Americans. In general, a higher percentage of Hispanic eighth and tenth grade youth reported opioid (heroin and prescription) misuse in the past year than Whites and African Americans. The report also provided qualitative information regarding "a gap in knowledge about treatment options for OUD," including concern about lack of knowledge and stigma about medications to help treat opioid use disorder.

**[American Society of Addiction Medicine Public Policy Statement on Treatment of Opioid Use Disorder in Correctional Settings. Issued July 15, 2020.](#)**

The American Society of Addiction Medicine (ASAM) is calling for increased support for policies that would expand access to evidence-based addiction treatment for Americans who are incarcerated to and face increased risk for death during detainment and upon release due to an untreated opioid use disorder. The recommendations cover 10 main areas, including access to evidence-based OUD treatment including all FDA-approved medications; increased screening for OUD; counseling and case management; use of telehealth services; Medicaid reforms; better coordination of care for those released; data collection and more.

**[Fewer Patients Started on Medications for Opioid Use Disorder During COVID-19. EPIC Health Research Network. July 1, 2020.](#)**

"The number of patients receiving first-time prescriptions for Medications for Opioid Use Disorder decreased by over 30% in the spring of 2020 when compared to trends observed in EHR data from January 2017 to May 2020. This finding suggests that patients at risk for opioid use disorder (OUD) and overdose are increasingly vulnerable during the COVID-19 pandemic."

**[State Strategies to Support Access to Substance Use Disorder Treatment Services through the COVID-19 Pandemic. National Governors Association. July 8, 2020.](#)**

The NGA issue brief highlights policy and other options for states to take to increase access to care for those with a substance use disorder (SUD). The brief, "" provides examples of promising state efforts and challenges in several areas, including:

- The need to better understand and gather data on SUD provider access
- Funding opportunities for states
- How Medicaid can better support providers
- Reducing barriers to care for those with a substance use disorder

The brief emphasized that “As it becomes increasingly apparent that the medical, economic, and fiscal fallout from the pandemic may be felt for an extended period of time, the question arises of how states will support continued access in the longer term.”

**[As opioids flooded tribal lands across the U.S., overdose deaths skyrocketed.](#)** Washington Post. June 29, 2020.

Using federal data and interviews, the reporters found that “[a]t the height of the opioid epidemic, Native Americans overdosed and died at a rate that rivaled some of the hardest-hit regions in Appalachia. Nationwide, from 2006 to 2014, Native Americans were nearly 50 percent more likely to die of an opioid overdose than non-natives.” In parts of Oklahoma home to the Cherokee, Choctaw and Chickasaw nations, “the opioid death rate for Native Americans from 2006 to 2014 was more than three times higher than the nationwide rate for non-natives, the analysis of federal health data shows. And within the state, Native Americans were about 50 percent more likely to die than non-natives.”

**[Treatment Of Opioid Use Disorder Among Commercially Insured US Adults, 2008–17.](#)** Health Affairs. June 2020.

The authors use more than 12 million claims data to evaluate treatment for patients with opioid use disorder between 2008-2017. The review found, “The rate of diagnosed OUD nearly doubled during 2008–17, and the distribution has shifted toward older age groups; the likelihood that diagnosed patients will receive any treatment has declined, particularly among those ages forty-five and older, because of a reduction in the use of medication-assisted treatment (MAT) and despite clinical evidence demonstrating its efficacy; and treatment spending is lower for patients who choose MAT.”

**[Opioid Crisis and Racial/Ethnic Minorities Webinar Series.](#)** U.S. Health and Human Services Office of Minority Health. June 2020.

A multi-webinar series that addresses topics, including “CLAS Treatment in Communities of Color: Role of Provider to Improve Quality of Care for OUD”; “Closing the Gap in Communities of Color: Role of Providers in Medication-Assisted Treatment for OUD”; and “Advocating for Prevention in Communities of Color: The Role of Providers Amid the Opioid Crisis”

**[Mortality Following Nonfatal Opioid and Sedative/Hypnotic Drug Overdose.](#)** American Journal of Preventive Medicine. May 7, 2020.



As reported by [Psychiatric News](#), “emergency department patients who survive an opioid overdose are 100 times more likely to die of an unintentional overdose and 18 times more likely to die of suicide within a year than patients who visit the emergency department for other reasons.” The study analyzed data from 647,000 California emergency department patients from 2009-2011.

**[PROJECTED DEATHS OF DESPAIR from COVID-19.](#)** Petterson, Steve et al. “Projected Deaths of Despair During the Coronavirus Recession,” Well Being Trust. May 8, 2020.

The authors provide predictions on “deaths of despair” based on “three assumptions during COVID-19: economic recovery, relationship between deaths of despair and unemployment, and geography.” The authors predict additional deaths could range from 27,644 to 154,037. The authors provide state and county data, including breakdowns by race and age, but caution that their data are only predictions and that policy interventions, including emphasizing science-based solutions and support for increased mental health services, can play a positive role.

**[Illicit opioid use following changes in opioids prescribed for chronic non-cancer pain.](#)** PLOS ONE. May 4, 2020.

In a retrospective study of more than 600 patients in San Francisco receiving opioid pain relievers (OPR) for chronic, non-cancer pain, the researchers found that “[l]oss of access to prescribed OPRs was associated with more frequent use of non-prescribed opioids and heroin, and increased OPR dose was associated with more frequent heroin use. In addition to being cautious with increasing OPR dose, health care providers should consider the potential unintended consequences of stopping OPR therapy when developing opioid prescribing guidelines and managing practice.”

**[Spotlight on Legislation Limiting the Use of Prior Authorization for Substance Use Disorder Services and Medications.](#)** Legal Action Center and Center on Addiction. May 2020.

The “Spotlight on Prior Authorization” examines state statutory standards that limit the use of prior authorization in both public and private insurance. As of April 20, 2020, 21 states and the District of Columbia have enacted laws that limit public and/or private insurers from imposing prior authorization requirements on a SUD service or medication. Since 2019 alone, 15 jurisdictions enacted such laws. The report says that the “state laws establish a patchwork of standards that do not protect all patients. Some regulate prior authorization for just opioid use disorder treatments, some remove prior authorization for “at least one” opioid use medication, others for all FDA-approved SUD medications.”

**[Spotlight on Network Adequacy Standards for Substance Use Disorder and Mental Health Services.](#)** Legal Action Center and Center on Addiction. May 2020.

The “Spotlight on Network Adequacy” describes the federal and state regulatory framework for defining and monitoring network adequacy for public and private health plans and offers recommendations to improve and enforce network adequacy standards. The Spotlight includes a 50-state survey of quantitative metrics adopted for state-regulated private health

plans and offers a “parity assessment” of those state MH and SUD provider metrics.

**Development and Preliminary Findings of the NYC Health+Hospitals Virtual Buprenorphine Clinic. Providers Clinical Support System. May 11, 2020.**

Discussion and findings from implementation of a virtual buprenorphine clinic in a busy New York City hospital system. The effort has included close coordination across multiple departments and identifying roles for medical students and addiction medicine and psychiatry fellows. There is strong use of increased DEA and SAMHSA flexibility for televisits, including audio-only. Among the demographics, 22 percent of those treated have been released from prison/jail in the past month; 20 percent are homeless; and 22 percent do not own a mobile phone. Nearly 80 percent of those treated remain in active enrollment post-induction.

**To Protect Palliative Care Patients During the COVID-19 Pandemic, Allow More Flexibility to Prescribe Controlled Substances by Phone. Health Affairs. April 26, 2020.**

Commentary from prominent palliative care providers regarding the challenges faced by palliative care patients during the COVID-19 pandemic; and providing recommendations to help enhance access to care for palliative care patients.

**The Impact of COVID-19 on Syringe Services Programs in the United States. AIDS and Behavior. April 24, 2020**

“Among the 173 SSPs that responded to the [North American Syringe Exchange Network] survey, 43% reported a decrease in availability of services due to COVID-19. Many programs reported that these decreased services included medication for opioid use disorder and testing and treatment services for HIV, hepatitis C virus (HCV), and sexually transmitted infections. One-quarter (25%) of responding SSPs reported that one or more of their sites had closed due to COVID-19.”

**Opioid Use Disorder Treatment in Jails and Prisons; Medication provided to incarcerated populations saves lives. Pew Charitable Trusts. April 23, 2020.**

Research study that provides an overview of the benefits of medications to treat opioid use disorder (OUD), provides case studies for the Pennsylvania and Vermont Departments of Corrections as well as efforts in Denver and Middlesex County, Massachusetts. The report also recommends that “policymakers should earmark funding to ensure that:

- Jails and prisons are able to screen anyone incarcerated for OUD and provide MOUD and counseling.
- Jails and prisons have adequate data infrastructure and personnel to track MOUD treatment outcomes.

- Medicaid agencies, state substance use and mental health agencies, and other state and local entities work together to ensure seamless connections to community-based OUD treatment and other services.

**Association of Racial/Ethnic Segregation With Treatment Capacity for Opioid Use Disorder in Counties in the United States. JAMA Open Network. April 22, 2020.**

New research finds “that the racial/ethnic composition of a community was associated with which medications residents would likely be able to access when seeking treatment for opioid use disorder. Reforms to existing regulations governing the provisions of these medications are needed to ensure that both medications are equally accessible to all.”

**Vulnerable Populations: Weathering the Pandemic Storm. American Journal of Preventive Medicine. April 21, 2020.**

As policymakers continue to work, “[p]lanning should incorporate dedicated efforts, funding, and policies/guidelines specific to individuals who experience homelessness, are incarcerated, or are coping with substance use disorders both because these populations deserve care and services, and because not doing so poses great risk to the broader community.”

**Association of Formulary Prior Authorization Policies with Buprenorphine-Naloxone Prescriptions and Hospital and Emergency Department Use Among Medicare Beneficiaries. JAMA Open Network. April 20, 2020.**

The study looked at nearly 950,000 Medicare beneficiaries between 2012-2017.

**Key findings:**

- Removal of prior authorization was associated with an increase of 17.9 prescriptions filled for buprenorphine-naloxone per plan per year, which is a doubling of the number of prescriptions, on average.
- Each prescription filled was associated with statistically significant decreases in adverse health care outcomes: substance use disorder–related inpatient admissions and substance use disorder–related emergency department visits decreased
- The removal of prior authorization was associated with 5.7 fewer inpatient admissions per plan per year, 2.0 fewer SUD-related inpatient admissions per plan per year, 12.6 fewer ED visits per plan per year, 1.4 fewer SUD-related ED visits per plan per year, a \$48.7 increase in prescription drug expenditures per plan per year, and a \$479.2 decrease in total nondrug health care expenditures per plan per year. These changes represent an approximately 24% decrease in inpatient admissions, an approximately 28% decrease in SUD-related inpatient admissions, a 36% decrease in ED visits, and a 29% decrease in SUD-related ED visits.

**The Opioid Crisis and the Black/African American Population: An Urgent Issue. U.S. Substance Abuse and Mental Health Services Administration. March 2020.**

This issue brief presents recent data on prevalence of opioid misuse and death rates in the Black/AA population; contextual factors & challenges to prevention & treatment; innovative outreach & engagement strategies to connect people to evidence-based treatment; and the importance of community voice.

**OPIOID USE DISORDER: Barriers to Medicaid Beneficiaries' Access to Treatment Medications.** GAO. January 24, 2020.

Medication-assisted treatment (MAT)—which combines behavioral therapy and the use of certain medications, such as buprenorphine—has been shown to be effective at reducing the misuse of or addiction to opioids and increasing treatment retention. The federal government has identified expanding access to MAT as important for reducing opioid use disorders and overdoses and has taken action to increase access. However, GAO found that some state and federal policies can restrict Medicaid beneficiaries' access to MAT medications. Some of these policies, and three selected states' and the District of Columbia's efforts to address potential access barriers, include the following:

- MAT medication coverage.
- Prior authorization requirements.
- Distribution methods.
- Federal waiver for prescribing buprenorphine.