

Issue brief: Specific actions policymakers can take to end the nation's drug overdose epidemic

1. Remove restrictions on buprenorphine.

There is widespread evidence that supports buprenorphine as an evidence-based medication to treat OUD.¹ In the age of illicit fentanyl killing tens of thousands of Americans, the National Institutes of Health² and U.S. Food and Drug Administration³ are recommending removing outdated, harmful dose restrictions used by health insurers and Medicaid. AMA advocacy has for years called for removing all barriers to buprenorphine for the treatment of OUD—including prior authorization reforms,⁴ the x-waiver,⁵ telehealth restrictions,⁶ and dosage caps.⁷ Removing the outdated 24mg threshold is the next important step to save lives from illicit fentanyl.⁸

In addition, the AMA urges federal officials as well as state attorneys general to take action to remove buprenorphine from suspicious order reports (SORs) required under the federal Controlled Substances Act (CSA) and state opioid litigation settlement agreements. The AMA commends the U.S. Drug Enforcement Agency (DEA) for saying that “Neither the CSA nor DEA regulations establish quantitative thresholds or limits on the amounts of controlled substances, including MOUD, that DEA registrants may order or dispense, nor do they require registrants to set such thresholds or limits.” However, due to state opioid litigation settlement agreements identifying buprenorphine as a highly diverted controlled substance, physicians and pharmacies report that distributors are limiting ordering—thereby causing delays in care due to fear of DEA enforcement.⁹

2. Increase access to methadone for opioid use disorder.

The AMA continues to support expanded access to care for methadone in the community rather than limiting it to only federally authorized opioid treatment programs. In 2024, the AMA joined the American Society of Addiction Medicine and more than 70 local, state and national organizations to urge Congress to pass this life-saving legislation without further delay.¹⁰ In addition, the AMA urges states to ensure that they can take advantage of federal rules¹¹ that eliminate the 1-year opioid addiction history requirement and promotes priority treatment for pregnant individuals. The rule also removes the requirement for two documented instances of unsuccessful treatment for people under age 18, and medication access is no longer contingent on receipt of counseling.

3. Protect the rights of individuals with a substance use disorder.

Despite positive efforts from some states and the U.S. Department of Justice¹² to ensure access to MOUD in jails and prisons for individuals, denial of MOUD in jails and prisons continues, including for individuals who are pregnant and post-partum.¹³ Denying access to MOUD violates the Americans with Disabilities Act, and federal court decisions protecting the right to receive MOUD in carceral settings, jails and prisons. The AMA urges states to comply with federal law requiring access to MOUD as a condition of their treatment facilities and prison systems receiving state and federal dollars.

4. Take action to enforce mental health and substance use disorder parity.

The AMA continues to urge the U.S. Departments of Labor, Health and Human Services, and Treasury to strongly enforce the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008. A 2024 federal rule¹⁴ includes numerous provisions strongly supported by the AMA that represents an opportunity for state legislatures and departments of insurance to strengthen their own parity laws. Among the opportunities:

- Adopt the definition that a plan or issuer must define a mental health condition or substance use disorder by following the most current version of the International Classification of Diseases or the Diagnostic and Statistical Manual of Mental Disorders.
- Adopt language from the federal rule that if a plan or issuer cannot demonstrate that a “non—quantitative treatment limitation (NQTL)” is no more restrictive than for a medical/surgical condition, the plan or issuer, the plan or issue shall be prohibited from using the NQTL until it is compliant.
- Adopt provisions from the federal rule that define and connect “meaningful benefits” and core treatments to recognized standards of medical practice.
- Ensure that state parity laws apply to credentialing standards, as well as the procedures to join a network, and that methods for determining reimbursement rates, credentialing standards, and procedures for ensuring the network includes an adequate number of each category of provider and facility to provide services under the plan or coverage.

5. Help patients with pain.

Despite updated recommendations from the U.S. Centers for Disease Control and Prevention¹⁵ and the Federation of State Medical Boards¹⁶, far too many state laws, licensing boards, health plans, public payors, pharmacy benefit management companies and pharmacy chains continue strict restrictions on opioid prescribing that harm patients with pain. The AMA urges that states consider adopting language from Minnesota, for example, that provides good faith protections for physicians treating patients with chronic pain or similar conditions.¹⁷ Given the challenges patients with pain sometimes have finding a new physician, states also may want to consider adopting rules similar to Washington that provide flexibility and continuity of care when a patient begins seeing a new physician.¹⁸

6. Protect vulnerable populations and broaden state harm reduction efforts.

States have undertaken numerous, beneficial harm reduction efforts in recent years. The AMA recommends that states review how they can continue to advance efforts, including:

- Requiring schools to provide overdose-related education, including the availability of naloxone on campus.¹⁹
- Providing broad Good Samaritan protections to encourage help during an overdoses well as protections and support for sterile needle and syringe services programs.²⁰
- Adopting legislation to support Plans of Safe Care to protect and encourage individuals who are pregnant or parenting to receive treatment if they use illicit substances.²¹
- Implementing a pilot program to evaluate an overdose protection center.²²

7. Ensure opioid litigation settlement dollars go to evidence-based efforts.

The AMA encourages states to ensure that the more than \$50 billion in settlement funds from opioid litigation settlement funds be used exclusively for research, education, prevention, and treatment of overdose, opioid use disorder, and pain, as well as expanding physician training opportunities to provide clinical experience in the treatment of opioid use disorders.²³

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- ¹ Medications to Treat Opioid Use Disorder Research Report. NIDA. December 2, 2021. Available at <https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/overview>
- ² S Axeen, et al. [Association of daily doses of buprenorphine with urgent health care utilization\(link is external\)](#). *JAMA Network Open*. DOI: 10.1001/jamanetworkopen.2024.35478 (2024).
- ³ Modifications to Labeling of Buprenorphine-Containing Transmucosal Products for the Treatment of Opioid Dependence. U.S. Food and Drug Administration. Dec. 27, 2024. 89 FR 105613. Available at <https://www.federalregister.gov/documents/2024/12/27/2024-30776/modifications-to-labeling-of-buprenorphine-containing-transmucosal-products-for-the-treatment-of>
- ⁴ “Removing prior authorization for MAT results in more patient care.” American Medical Association. February 5, 2020. Available at <https://www.ama-assn.org/practice-management/prior-authorization/removing-prior-authorization-mat-results-more-patient-care>
- ⁵ “AMA statement on HHS decision to remove barriers for opioid treatment.” Patrice A. Harris, MD, MA. January 14, 2021. Available at <https://www.ama-assn.org/press-center/press-releases/ama-statement-hhs-decision-remove-barriers-opioid-treatment>
- ⁶ “Why DEA’s latest move on telehealth could be a lifesaver.” American Medical Association. November 1, 2023. Available at <https://www.ama-assn.org/practice-management/digital/why-dea-s-latest-move-telehealth-could-be-lifesaver>
- ⁷ “Add flexibility on buprenorphine Rx for opioid use disorder.” American Medical Association. January 31, 2024. Available at <https://www.ama-assn.org/delivering-care/overdose-epidemic/add-flexibility-buprenorphine-rx-opioid-use-disorder>
- ⁸ Illinois Public Act 103-1040 prohibits fee-for-service and public payors from imposing dose restrictions on medications for addiction treatment unless those restrictions are recommended by the American Society of Addiction Medicine. See <https://ilga.gov/legislation/publicacts/103/PDF/103-1040.pdf>
- ⁹ In 2024, the AMA joined the American Society of Addiction Medicine, American Pharmacists Association and American Society of Health System Pharmacists to urge federal officials to remove buprenorphine from SOR reporting. See: <https://searchf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2Ffinder.zip%2Ffinder%2F2024-5-10-AMA-Sign-On-Letter-to-DEA-ASH-SAMHSA-ONDCP.pdf>
- ¹⁰ See, https://downloads.asam.org/sitofinity-production-blobs/docs/default-source/advocacy/letters-and-comments/methadone-resources/sign-on-letter-support-and-motaa---03.15.24---finalv2.pdf?sfvrsn=b10e0516_1
- ¹¹ U.S. Substance Abuse and Mental Health Services Administration. 42 CFR Part 8 Final Rule. Methadone Take-Home Flexibilities Extension Guidance. Available at <https://www.samhsa.gov/medications-substance-use-disorders/statutes-regulations-guidelines/methadone-guidance>
- ¹² Justice Department Issues Guidance on Protections for People with Opioid Use Disorder under the Americans with Disabilities Act. U.S. Department of Justice. April 5, 2022. Available at <https://www.justice.gov/opa/pr/justice-department-issues-guidance-protections-people-opioid-use-disorder-under-americans>
- ¹³ For a more detailed set of recommendations, please see “Improving Access to Care for Pregnant and Postpartum People with Opioid Use Disorder: Recommendations for Policymakers.” AMA and Manatt Health. January 2024. Available at <https://end-overdose-epidemic.org/wp-content/uploads/2024/02/AMA-Manatt-2024-Improving-Access-to-Care-Pregnant-Parenting-People-with-SUD.pdf>
- ¹⁴ AMA Issue Brief: Federal parity report once again shows payers’ failures. Available at <https://end-overdose-epidemic.org/wp-content/uploads/2025/01/Issue-brief-2025-parity-report-to-Congress-FINAL.pdf>
- ¹⁵ Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.r7103a1>
- ¹⁶ Strategies for Prescribing Opioids for the Management of Pain. Adopted by FSMB House of Delegates, April 2024. Available at <https://www.fsmb.org/siteassets/advocacy/policies/strategies-for-prescribing-opioids-for-the-management-of-pain.pdf>
- ¹⁷ See, 2024 Minnesota Statutes, Section 152.125. Available at <https://www.revisor.mn.gov/statutes/cite/152.125>
- ¹⁸ In Washington, “When a patient receiving chronic opioid pain medications changes to a new physician, it is normally appropriate for the new physician to initially maintain the patient's current opioid doses.” See <https://app.leg.wa.gov/WAC/default.aspx?cite=246-919-955>
- ¹⁹ School-based access is one of many types of naloxone access laws. For a detailed list, see Legal interventions to reduce overdose mortality: Naloxone access laws. Network for Public Health Law. 50-State Survey. October 2024. Available at <https://www.networkforphl.org/wp-content/uploads/2024/10/Naloxone-Access-Laws-50-State-Survey-2024.pdf>
- ²⁰ AMA has model legislation on these issues. States also may wish to review: Legal Interventions to Reduce Overdose Mortality: Overdose Good Samaritan Laws. Network for Public Health Law. July 2023. Available at <https://www.networkforphl.org/wp-content/uploads/2023/07/Legal-Interventions-to-Reduce-Overdose-Mortality-Overdose-Good-Samaritan-Laws-2.pdf> and Syringe Services Programs: Summary of State Laws. Legislative Analysis and Public Policy Association. November 2023. Available at <https://legislativeanalysis.org/wp-content/uploads/2023/11/Syringe-Services-Programs-Summary-of-State-Laws.pdf>
- ²¹ AMA has model legislation on this issue. States also may wish to review the Model Substance Use During Pregnancy and Family Care Plans. Legislative Analysis and Public Policy Association. March 2023. Available at <https://legislativeanalysis.org/wp-content/uploads/2023/03/Model-Substance-Use-During-Pregnancy-and-Family-Care-Plans-Act.pdf>
- ²² See, Harm Reduction Centers (216-RICR-40-10-25). Available at <https://rules.sos.ri.gov/regulations/part/216-40-10-25>

²³ Research from KFF News, the Johns Hopkins School of Public Health and Shatterproof developed a national database of funding decisions thus far. *See*, <https://kffhealthnews.org/news/article/opioid-settlement-funds-detailed-database-state-county-city-spending/>