

# New data show missed opportunities and barriers to access for medications for opioid use disorder treatment in states

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As states continue facing rising opioid-related deaths, particularly amid the COVID-19 pandemic, many are missing opportunities to provide access to proven treatment through medications for opioid use disorder (MOUD), according to new data released today to PDAPS.org by the Center for Public Health Law Research.

The data, which were supported by Arnold Ventures, use a scientific process called policy surveillance to capture laws regulating requirements for [the licensure and operations of MOUD treatment](#), and [commercial insurance and Medicaid coverage of MOUD](#).

The data show that [state laws](#) mandating commercial insurance coverage lag far behind Medicaid. Every state Medicaid law includes coverage for MOUD as of August 1, 2020, but only eight jurisdictions—seven [states](#) and the District of Columbia—require commercial insurance programs to include coverage.

All state Medicaid programs (51 states and Washington, DC) cover at least one of three medications most commonly used in MOUD (buprenorphine, methadone, and naltrexone), while commercial insurers in only eight jurisdictions are required to cover any one of the three medications, according to the data.

Regulation of licensure and operation for opioid treatment programs

varies widely across the United States, with states like West Virginia and Indiana, where they have been more significantly impacted by the opioid epidemic, regulating these programs more heavily.

"We are seeing states take considerable steps to establish greater access to these life-saving treatments, but there remain a range of licensure and coverage options that would support that greater access," said Joshua Waimberg, JD, MBA, lead researcher on this project at the Center for Public Health Law Research.

Most states have expanded the types of medical providers who are licensed to prescribe treatment, but then simultaneously limit the medications they can prescribe. For example, physician assistants may prescribe buprenorphine in every state and the District of Columbia, but 11 states will not allow them to prescribe methadone.

"These datasets represent the most comprehensive resources of information on these topics, and offer a better understanding of where there may be opportunities to improve access and pass laws that sustain more supportive treatment for people living with [opioid use disorder](#)," said Sarah Twardock, public health manager at Arnold Ventures.

Both datasets and their supporting materials are available on the Center's Prescription Drug Abuse Policy System website, [PDAPS.org](#).

The Center for Public Health Law Research at the Temple University Beasley School of law supports the widespread adoption of scientific tools and methods for mapping and evaluating the impact of law on health. Learn more at <http://phlr.org>.

Arnold Ventures is a philanthropy dedicated to tackling some of the most pressing problems in the United States. Founded by Laura and John Arnold in 2010, Arnold Ventures' core mission is to improve lives by

investing in evidence-based solutions that maximize opportunity and minimize injustice. Learn more at <http://arnoldventures.org>.

Provided by Temple University Center for Public Health Law Research

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