

New data show a third of states restrict access to lifesaving medicine for opioid use disorder

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Buprenorphine. Credit: Pixabay/CC0 Public Domain

Amid an overdose crisis that claimed more than 100,000 lives last year alone, [newly released data](#) show that laws in more than one-third of

states restrict access to buprenorphine, a lifesaving treatment for opioid use disorder (OUD).

The data, published at PDAPS.org by the Center for Public Health Law Research at Temple University Beasley School of Law in collaboration with the Vital Strategies Overdose Prevention Program, supports urgent adoption of low-barrier, medication-first approaches to OUD treatment across states.

Medications for [opioid use disorder](#) (MOUD), specifically agonist medications [buprenorphine](#) and methadone, are proven to save lives. [Research shows](#) that agonist medications can reduce mortality by up to 50% for people with OUD. Efforts to remove legal barriers to expanded buprenorphine access have focused primarily on the federal level, including the successful repeal of the X-waiver in December 2022.

However, state-level regulatory barriers to buprenorphine treatment have received comparatively little attention.

"This legal dataset makes it possible for us to have a clear, objective understanding of the barriers to support for people who use drugs," said Elizabeth Platt, JD, MA, Director of Research and Operations at the Center for Public Health Law Research. "The variability from state to state revealed by these data creates an inequitable patchwork of access to lifesaving care depending on where someone lives."

The new data show that as of March 1, 2023:

- Buprenorphine is generally regulated as a controlled substance in every state, but at least 19 states and the District of Columbia have laws that specifically target the prescribing of buprenorphine for OUD.
- Eight states and the District of Columbia established visit

frequency requirements for some or all patients prescribed buprenorphine.

- Despite research showing that mandated counseling may inhibit treatment access, nearly one-third of states (14 states and the District of Columbia) had laws that mandated counseling had laws that mandated counseling for some or all buprenorphine patients. Of these, four states established a minimum frequency of counseling services, and nine states and the District of Columbia regulated the format or content of the counseling.
- Laws in 15 states incorporated outdated provisions of federal law related to the X-waiver.
- Only five states had laws that explicitly prohibited or discouraged patient discharge for specified conduct such as declining counseling services or positive drug screen results. Only one state—West Virginia—explicitly prohibited punitive reductions in prescribed medication dosages.

"Increasing access to evidence-based treatments like buprenorphine saves lives," said Derek Carr, JD, Legal Technical Advisor at Vital Strategies. "As [federal agencies](#) such as SAMHSA emphasize the importance of low barrier models of care that are flexible, person-centered, and non-punitive, these new data show that laws in many states demand the opposite. We hope that this research encourages states to eliminate regulatory barriers to this lifesaving medication."

The cross-sectional dataset displays key features of state-level statutes and regulations regarding the prescribing of buprenorphine for OUD outside of federally certified opioid treatment programs and includes laws across all 50 states and the District of Columbia in effect as of March 1, 2023.

An accompanying policy brief provides an overview of this legal landscape, summarizes key findings of evidence evaluating the impact

on [treatment](#) access and quality, and provides policy and research recommendations moving forward.

More information: Access the Buprenorphine Prescribing Requirements and Limitations and other drug policy datasets at [PDAPS.org](https://pdaps.org)

Provided by Temple University Center for Public Health Law Research

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