

## Progress is Being Made in Fighting the Opioid Crisis

Data from the Centers for Disease Control and Prevention suggests a possible connection between increased access to opioid use disorder (OUD) treatment and a **19% drop in overdose deaths between July 2023 and 2024.**<sup>i</sup>

There are no silver bullets to this complex problem, but **progress directly correlates to expanded access to Opioid Treatment Programs (OTPs)** and all forms of **medication-assisted treatment (MAT)**, made possible by reforms enacted by Congress and SAMHSA.



The 2018 SUPPORT Act created access to MAT in OTPs for Medicare beneficiaries. It also temporarily required state Medicaid programs cover MAT — a provision made permanent by Congress in 2024. These changes dramatically improved access to OTP treatment.



SAMHSA and DEA recently made permanent important regulatory flexibilities that have helped people stay in treatment.

### Improved Access to OUD Care at OTPs



Patients with OUD **no longer must wait one year** before receiving one week of take-home methadone doses.



Patients may receive up to **28 days of take-home methadone** when engaged with the OTP's multi-disciplinary team



Patients may be admitted to treatment via **telehealth**



Accelerated dosing protocols ensure patients who were using fentanyl are able to achieve a therapeutic dose more quickly, increasing retention in treatment.

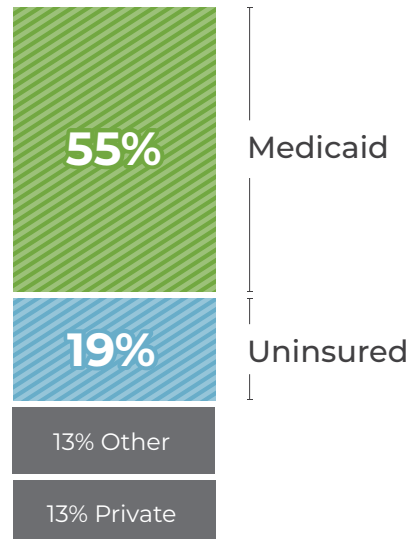


OTPs now can provide MAT via **mobile treatment units** to better serve rural communities

### Medicaid Coverage is Vital to Beat the Opioid Epidemic

Medicaid is the largest payor of substance use disorder treatment in the country and a lifeline for people in recovery.

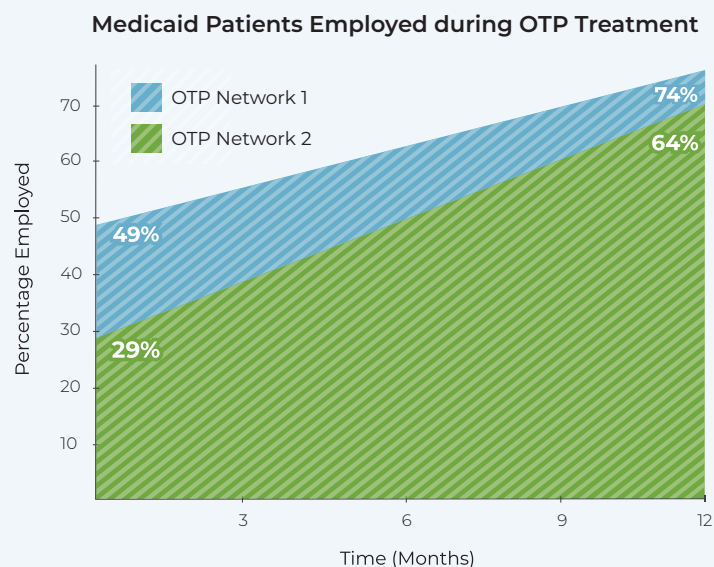
1. 55% of the OUD patient population uses Medicaid to cover treatment costs.<sup>ii</sup>
2. MAT leads to \$25,000-\$105,000 in lifetime savings per person.<sup>iii</sup>
3. States that expanded Medicaid saw a 6% reduction in overdose deaths.<sup>iv</sup>



## OUD Treatment Leads to Employment

Continuity of treatment reduces overdose risk, improves outcomes, promotes strong communities and families, and increases employment stability, which ultimately reduces long-term Medicaid reliance.

Burke, Sullivan, et al (2022) found that individuals receiving MAT had higher employment rates and earnings compared to those not receiving MAT.<sup>v</sup> A representative sample of our members' data validates that this correlation is unequivocally true for Medicaid patients.



### Data from two national OTP networks

OTP Network 1 (103 OTPS)

OTP Network 2 (84 OTPS)

## Let's Not Regress: OUD Patients Should Be Exempt from Medicaid Work Requirements Until They Are Stable

When patients begin MAT, they are in crisis – experiencing severe and painful withdrawal symptoms, often in legal trouble and isolated from family and friends. They are not stable enough to secure and maintain a job. A goal of treatment is to stabilize the patient, which then allows them to secure employment, return to school, or enroll in job training. Sustained Medicaid coverage is vital during this critical time. It is in the best interest of patients, communities and society to encourage patients living with OUD to stay in treatment.

**We urge Congress to ensure exemptions from work requirements for people actively engaged in medication-assisted treatment to ensure they can achieve recovery and safely return to the workplace.**

To find out how many OUD patients and providers in your state would be affected by Medicaid cuts, see **Appendix A of HHS' OIG Report**.<sup>vi</sup>

<sup>i</sup> Centers for Disease Control and Prevention. (2025, February 25). <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html>

<sup>ii</sup> <https://www.kff.org/medicaid/issue-brief/the-opioid-epidemic-and-medicaids-role-in-facilitating-access-to-treatment/>

<sup>iii</sup> Fairley, M., Humphreys, K., Joyce, V. R., Bounthavong, M., Trafton, J., Combs, A., Oliva, E. M., Goldhaber-Fiebert, J. D., Asch, S. M., Brandeau, M. L., & Owens, D. K. (n.d.). Cost-effectiveness of treatments for opioid use disorder. *JAMA Psychiatry*. <https://pubmed.ncbi.nlm.nih.gov/33787832>

<sup>iv</sup> *JAMA Netw Open*. 2020;3(1):e1919066. doi:10.1001/jamanetworkopen.2019.19066 <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2758476#:~:text=Specifically%2C%20counties%20within%20>

<sup>v</sup> Burke, Mary A. et al. (2022) : Employment trajectories among individuals with opioid use disorder: Can evidence-based treatment improve outcomes?, Working Papers, No. 22-25, Federal Reserve Bank of Boston, Boston, MA, <https://doi.org/10.29412/res.wp.2022.25>

<sup>vi</sup> <https://oig.hhs.gov/documents/evaluation/9999/OEI-BL-23-00160.pdf>