POSITION STATEMENT:
Society of Behavioral Medicine Supports Increasing Access to Care for Patients with Opioid Use Disorder

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SUMMARY STATEMENT:
SBM supports passing the Mainstreaming Addiction Treatment Act and continuing to allow qualified providers to prescribe Medication-Assisted Treatments (MATs) through telehealth visits.

THE PROBLEM:
The COVID-19 pandemic has exacerbated the opioid crisis. The increasing prevalence of synthetic opioids (other than methadone) has increased opioid-related deaths.1 Simultaneously, the COVID-19 pandemic has disrupted access to addiction support, increased economic hardship, and negatively affected mental health and wellbeing.2,3 This “perfect storm” of co-occurring crises requires rapid action from policymakers, healthcare providers, and researchers to help people living with opioid use disorder (OUD).4 The SBM urges the swift implementation of policies based in harm reduction and rehabilitation.

CURRENT POLICY:
Medication-Assisted Treatment (MAT) is a gold standard treatment for opioid use disorder (OUD) and combines pharmacologic and behavioral treatment components. The X-Waiver – a federal barrier to MATs – is limiting evidence-based care for those with OUD. While licensed medical providers can prescribe Buprenorphine freely for pain, the X-waiver implements strict prescription limits and requires unnecessary additional training and federal approval for providers to prescribe Buprenorphine for OUD. The X-Waiver is a bureaucratic policy with no evidence base. It prevents patients with OUD from accessing life-saving treatment, and disproportionately affects women, people of color, and Veterans5 and people living in rural areas.6 MATs reduce the risk of fatal overdose by 50%.7 The Mainstreaming Addiction Treatment Act to remove the X-waiver was introduced in the House in 2019 but has not yet moved forward through Congress.

In person visits – a requirement for MAT – is also drastically impairing the care for patients with OUD. Current COVID-19 era policies allow physicians to prescribe without an in-person visit, but these flexibilities were not in place prior to the pandemic. Remotely-delivered treatment is critically important to provide adequate care for hard-to-reach populations and must continue after the pandemic. Opioid treatment programs and qualified providers should be allowed to prescribe MATs, like buprenorphine, through telehealth visits without an in-person exam during and beyond the COVID-19 pandemic.8 Telehealth improves access to treatment for patients. 40% of counties in the United States do not have a physician who can prescribe buprenorphine.9 Access to treatment is particularly limited in rural areas, where opioid overdose death rates are highest.

RECOMMENDATIONS
Recommendation #1:
Increase access to medication-assisted treatment (MAT) for opioid use disorders by passing the Mainstreaming Addiction Treatment Act which eliminates the X Waiver and will enable more physicians to deliver MATs.

Recommendation #2:
Maintain current legislation long-term to allow qualified providers to prescribe MATs, like buprenorphine, through telehealth visits without an in-person exam.

REFERENCES

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