A Call for Big Changes to Ease Access to Opioid Use Disorder Treatment

The coronavirus pandemic has upended the usual systems governing the dispensation of medication-assisted treatment.

April 14, 2020 By Benjamin Ryan

In the face of the coronavirus pandemic, the Urban Survivors Union, a group of drug policy experts, has called upon regulators to relax the rules that govern the prescription and dispensation of medication-assisted treatment (MAT) for opioid use disorder (OUD).

Some such changes are already occurring, with government agencies such as the Substance Abuse and Mental Health Services Administration, the Drug Enforcement Agency, Medicare and Medicaid recently announcing policy shifts that permit more flexible prescribing and dispensing of MAT.

Nevertheless, as the Urban Survivors Union points out, “clinics have been either reluctant or resistant to fully implement them to the extent allowable under the law.”

Many people who use opioids, the union stresses, are at higher risk of poor health outcomes related to the coronavirus as a result of being immunocompromised, having underlying health conditions or both.

So as to mitigate coronavirus-related health risks, involuntary withdrawal from a lack of access to MAT and drug poisoning among people with OUD during the pandemic, the union, along with a lengthy list of signatories, is advocating a detailed series of changes to MAT-related policies.

The discharging of people from OUD treatment should be restricted only to violent behavior.

OUD treatment centers should suspend administrative detox and allow people receiving MAT to request dose increases if needed. There should be no dose reductions.

Programs offering OUD treatment should test for the virus among their clients and refer them to medical services if necessary while also engaging such individuals in harm reduction interventions.

Health care providers should not be required to complete training and obtain a waiver to prescribe MAT. Nor should providers have a limit on how many people they can treat with MAT. In

compliance with state laws, Naloxone and other overdose prevention tools should be readily available through pharmacies.

MAT should also be readily available at pharmacies.

People receiving MAT should be freer to take it home with them.

In-person clinic visits should be replaced with telemedicine, and rules insisting that people seeking MAT meet with a health care provider in person should be relaxed.

State and federal Medicaid funding should cover all costs related to take-home MAT that is not otherwise covered by the insurance of people experiencing financial hardships related to the coronavirus pandemic. States that have not expanded Medicaid under the Affordable Care Act (Obamacare), should pick up these expenses using their own funds, but only as a last resort.

To read a press release about the call, click here.

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