ABHW

ISSUE BRIEF

Addressing Substance Use Disorders

Updated May 2025

Background

48.5 million (16.7%) Americans aged 12 and older reportedly had a substance use disorder (SUD) in 2023. That same year, over 105,007 drug overdose deaths occurred in the U.S..[i] Alcohol is the most commonly used substance in the U.S., with 84% of people 18 years old and older reporting lifetime use.[ii] Alcohol use disorder (AUD) also significantly impacts the health care system, contributing to over 200,000 hospitalizations annually and 7.4% of emergency room visits. About 29.5 million people 12 years old and older have AUD in the U.S.; however, only 7.6% of the population diagnosed receive treatment.[iii] It is estimated that three million people have an opioid use disorder (OUD), yet only 25% of the individuals with an OUD receive specialty SUD treatment.[iv] Additionally, Black, Indigenous, and Alaska Native people have the highest overdose death rates and limited access to OUD medications.[v]

In 2017, the U.S. Department of Health and Human Services (HHS) announced an Opioid Public Health Emergency Declaration to address the opioid crisis. This declaration allows for sustained federal coordination efforts and preserves key flexibilities that enable HHS to continue leveraging expanded authorities to conduct certain activities. This declaration was renewed on March 18, 2025, for an additional 90 days. HHS has relied on this declaration to facilitate voluntary information collections, expedite demonstration projects related to SUD treatment, and expedite support for research on OUD treatments.

Medication-assisted treatment (MAT) is the use of medications alongside counseling and behavioral therapies and has been proven effective for patients with a SUD or an OUD. Previously, providers needed an X-Waiver, a special

certification required for providers to prescribe buprenorphine for OUDs, from the U.S. Drug Enforcement Administration (DEA). ABHW has successfully advocated for advancements in administering MAT, such as removing the X-Waiver requirement. At the end of 2022, Congress passed the Mainstreaming Addiction Treatment Act (MAT Act),[vi]which removed the X-Waiver requirement. This has allowed more individuals with OUDs to receive treatment and increased the number of OUD providers.

Teleprescribing, the practice of prescribing medications to patients remotely via technology, such as video or phone calls, without a prior in-person medical evaluation, can improve access to SUD treatment. Data captured during the COVID-19 Public Health Emergency (PHE) demonstrates that the risks of diversion in teleprescribing buprenorphine are low.[vii] Multiple studies analyzed by the National Institute of Health (NIH) found that telehealth successfully engaged patients prescribed buprenorphine with various health and socioeconomic challenges. In fact, in a community-based survey that asked about buprenorphine telehealth experiences, 92.8% of participants said that they had the internet/phone connection they needed, 88.6% said they received clear instructions about how to connect, and 84.5% said their care was going pretty well.[viii] Removing the in-person requirement for prescribing buprenorphine during the PHE was not associated with increased overdose deaths. On the contrary, it improved access to care and addressed health inequities in primary care programs.[ix]

In January 2025, the DEA finalized new regulations that allow for the teleprescribing of buprenorphine for OUD treatment for up to six months without the need for an in-person evaluation for new patients. The effective date for this regulation was delayed until December 31, 2025. Additionally, in January 2025, during the final days of President Biden's Administration, the DEA released a proposed rule that would allow practitioners with a Special Registration to prescribe Schedule III-V, and in limited circumstances, Schedule II, controlled substances via telemedicine. Practitioners with a Special Registration would still need to obtain a DEA registration in each state where they prescribe or dispense controlled substances. However, the proposed rule establishes a limited, less expensive State Telemedicine Registration as an alternative to the traditional DEA registration. However, it remains unclear whether the Trump Administration will finalize this rule to create a Special Registration.

Barriers still exist that prevent access to SUD treatments. ABHW supports policies that lead to more pathways for prescribing MAT, including methadone, a highly effective treatment for individuals with OUDs. The Food and Drug Administration (FDA) has approved methadone for treating OUD and pain management. When taken as prescribed, methadone is safe and effective. It helps individuals achieve and sustain recovery and reclaim active and meaningful lives.[x]

ABHW urges Congress to support reauthorizing the *SUPPORT for Patients and Communities Reauthorization Act of 2025* (H.R. 2483). The Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) Act will aid individuals in receiving SUD and OUD treatment through the reauthorizing of certain programs that provide for OUD prevention, treatment, and recovery. Expanding access to prevention, recovery, and treatment programs will help reduce SUD and OUD overdoses and deaths.

Contingency management (CM) is also a clinically appropriate, evidence-based behavioral therapy for a variety of SUDs. Patients typically receive something of monetary value to incentivize abstinence from substance use. While CM has been successfully implemented nationwide by the U.S. Department of Veterans Affairs (VA) and is permitted under several U.S. Department of Health and Human Services (HHS) grant programs and Medicaid demonstrations in California and Washington, it remains underutilized. In 2025, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued new guidelines that increased the grant funds available to recipients for motivation incentives from $75 to $750 per patient per year for SUD treatment providers.[xi] Several barriers limit the uptake, including concerns about the potential application of certain federal fraud and abuse laws.

ABHW and its member companies are committed to ending the SUD and OUD epidemics and increasing access to lifesaving treatment. The recommendations below will help achieve these goals.

Recommendations

- **Reauthorize the *SUPPORT Act*.** The *SUPPORT for Patients and Communities Reauthorization Act of 2025* (H.R. 2483) was recently introduced, and the SUPPORT Act's policies and provisions embrace

prevention, treatment, and a pathway to recovery. This bill is critical to effectively addressing SUDs and co-occurring MH conditions.

- **Expand Access to Methadone Treatment.** ABHW supports enhancing access to MAT. Research has shown that MAT is the most effective intervention to treat OUDs as it significantly reduces illicit opioid use compared to non-drug approaches. Increased access to MAT has also been shown to reduce overdose fatalities. ABHW supports legislation such as the *Modernizing Opioid Treatment Access Act (MOTAA)* (118th H.R. 1359/S.644), which would permit physicians who are board-certified in addiction medicine or addiction psychiatry to prescribe methadone for OUD, subject to appropriate federal and state oversight. ABHW encourages Congress to reintroduce MOTAA as it will broaden the availability of providers that can turn the tide on the overdose crisis facing our nation, saving lives while promoting treatment and recovery.

- **Develop a Special Registration System for Providers to Teleprescribe Controlled Substances.** ABHW believes that the DEA should create a special registration system for providers to have less restrictive, separate, enhanced pathways for prescribing Schedule III-V drugs. With this special registration, practitioners could prescribe Schedule III-V and, in limited circumstances, Schedule II controlled substances via telemedicine. The establishment of a special registration system will increase access to medication and treatment for individuals with SUDs.

- **Congress should work with HHS, the Centers for Medicare & Medicaid Services (CMS), and SAMHSA to ensure sufficient funding for CM implementation so that more individuals can access this effective intervention.** This funding will allow the continuation of grants for patients seeking addiction treatment in the form of a motivational incentive CM used in conjunction with substance use disorders and MOUD. It is an effective strategy in the treatment of alcohol and other substance use disorders.

- **ABHW encourages HHS and the Office of Inspector General (OIG) to update its guidance under the federal Anti-kickback**

Statute to Create a Safe Harbor for CM. The anti-kickback statute is a criminal statute that prohibits exchanging anything of value for Medicare, Medicaid, and other federal health care program referrals from purchasing items or services paid for by Medicare, Medicaid, or other federal health care programs. HHS and OIG should issue guidance that creates a safe harbor for specific CM interventions so that more individuals can access this effective addiction intervention.

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[i]https://www.cdc.gov/nchs/products/databriefs/db522.htm#:~:text=The%20age%2Dadjusted%20rate%20of,adults%20age%2055%20and%20older
[ii] https://www.ncbi.nlm.nih.gov/books/NBK436003/
[iii] https://www.ncbi.nlm.nih.gov/books/NBK436003/
[iv] Treatment for Opioid Use Disorder: Population Estimates — United States, 2022 | MMWR

[vi]Public Law 117-328
[vii] Trends and characteristics of buprenorphine-involved overdose deaths before and during the COVID-19 pandemic, January 2023
[viii] https://pmc.ncbi.nlm.nih.gov/articles/PMC10734906/
[ix] Comparing telemedicine to in-person buprenorphine treatment in U.S. veterans with opioid use disorder, Journal Substance Abuse Treatment, 2022 Feb;133:108492.
[x] What is Methadone? Side Effects, Treatment & Use | SAMHSA[xi]
https://library.samhsa.gov/product/using-samhsa-funds-implement-evidence-based-contingency-management-services/pep24-06-001