ABHW

ISSUE BRIEF

Addressing Substance Use Disorders

Updated July 2026

Background

Substance use disorders (SUDs) affect an estimated 48.4 million Americans aged 12 and older (16.8% of the population). In 2024 alone, more than 79,384 people died from drug overdoses in the United States.[i] Alcohol remained the most commonly used substance with 84% of adults reporting lifetime use.[ii] Approximately 27.9 million people 12 years old and older have alcohol use disorder (AUD), yet only 7.6% receive treatment.[iii] Similarly, an estimated 5.7 million people have an opioid use disorder (OUD), but only 25% receive specialty SUD treatment.[iv] These gaps in access to evidence-based care contribute to persistent disparities in health outcomes. Black, Indigenous, and Alaska Native communities experience the highest overdose death rates and continue to face barriers to accessing medications for opioid use disorder (OUD).[v]

Regulatory History

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. 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 an effective treatment involving the use of medications, counseling, and behavioral therapies to treat patients with an

SUD or 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.

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. During the COVID-19 Public Health Emergency (PHE), the DEA waived in-person visit requirements for prescribing controlled medications via telehealth. Data from this time period demonstrated that the risks of diversion in prescribing medications like buprenorphine via telehealth are low,[vii] removing the in-person requirement for prescribing buprenorphine during the PHE was not associated with increased overdose deaths, and the flexibilities improved access to care and addressed health inequities in primary care programs.[viii]

Following the expiration of the federal PHE, the DEA has continued to extend these flexibilities. In January 2025, the DEA finalized new regulations that allow for the prescribing of buprenorphine via telehealth for OUD treatment for up to six months without the need for an in-person evaluation for new patients. Additionally, 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 telehealth. 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. The Trump Administration has not yet signaled its intentions for a Special Registration final rule, which was mandated in the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (H.R. 6353).

ABHW supports policies that lead to more pathways for prescribing MAT, including methadone, a highly effective treatment for individuals with OUDs. ABHW urged Congress to reauthorize the *SUPPORT for Patients and Communities Act*, which aids patients receiving SUD and OUD treatment through programs that provide prevention, treatment, and recovery services demonstrated to reduce overdoses and deaths. The program was reauthorized by Congress and signed into law on December 1, 2025.

Contingency management (CM) is also a clinically appropriate, evidence-based behavioral therapy for SUD treatment where patients receive rewards, often of monetary value, for meeting their treatment goals. While CM has been successfully implemented nationwide by the Department of Veterans Affairs (VA) and is permitted under several 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.[ix] Several barriers limit uptake, including concerns about the potential application of certain federal fraud and abuse laws. Establishing a clear safe harbor framework would allow broader adoption of these effective interventions while maintaining appropriate safeguards to protect federal health care programs from fraud, waste, and abuse.

Recommendations

ABHW and its member companies are committed to ending the opioid epidemic and increasing access to lifesaving SUD treatment.

- **Increase 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) (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, saving lives while promoting treatment and recovery.

- **Develop a Special Registration for providers to prescribe controlled substances via telehealth.** ABHW encourages the U.S. Drug Enforcement Agency to 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 telehealth. The establishment of a Special Registration system will increase access to medication and treatment for individuals with SUDs.

- **Ensure sufficient funding for CM implementation so that more individuals can access this effective intervention.** Congress should work with HHS, the Centers for Medicare & Medicaid Services (CMS), and SAMHSA to secure funding that allows 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.

- **Update 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 to induce or reward referrals for items or services reimbursable by federal health care programs. Safe harbor regulations are essential to ensure the statute does not unintentionally discourage innovative, evidence-based approaches. ABHW encourages HHS and the Office of Inspector General (OIG) to clarify safe harbor protections for appropriately structured CM interventions to ensure that providers and payers can implement these programs without unnecessary legal uncertainty, helping to turn the tide on the overdose crisis while maintaining strong protections against fraud, waste, and abuse.

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[vi] Consolidated Appropriations Act, 2023, Pub L No. 117-328, 136 Stat 4459 (2022).
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