



Free markets. Real solutions.

EXPLAINER

Improving Opioid Use Disorder Treatment Access Requires Smarter Policies

March 2025



How Policy Can Make It More Difficult to Access Evidence-Based OUD Treatment³

 <p>OVERREGULATION Gold-standard Medications</p> <hr/> <p>METHADONE: OTPs only</p> <p>BUPRENORPHINE: Pharmacies flagged for "excessive" distribution</p>	 <p>PUBLIC INSURANCE Medicare/Medicaid</p> <hr/> <p>COVERAGE: Medical/Not mental</p> <p>LOW CLINICIAN PARTICIPATION: Red tape/low rate reimbursement</p>	 <p>NONABSTINENCE PROGRAMMING</p> <hr/> <p>OFTEN NO FUNDING</p> <p>RESTRICTED BY STATE AND FEDERAL LAWS</p>	 <p>LICENSING REQUIREMENTS</p> <hr/> <p>INCONSISTENT/ TOO GRANULAR</p> <p>LIMITS WORKFORCE EXPANSION</p>
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How Policy Can Help With Access to Evidence-Based OUD Treatment³

 <p>PUBLIC INSURERS Coverage Continuum</p> <hr/> <p>SUD CARE BASED ON ADDICTION/ BEHAVIORAL NEEDS Not just what fits the physical health model</p>	 <p>REDUCE RED TAPE For Evidence-Based Interventions</p> <hr/> <p>BUPRENORPHINE: Reduce flagging and surveillance of pharmacies for dispensing</p> <p>METHADONE: Allow clinician prescriptions and dispensing by pharmacies; foster OTP competition and provide fraud prevention</p> <p>HARM REDUCTION: Authorize syringe services, drug checking, naloxone access to keep communities safer and help individuals connect to services</p>	 <p>LICENSING Ensure SUD Licensing</p> <hr/> <p>ELIMINATE BARRIERS Expand the addiction provider workforce at all levels</p>
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<p>CONTACT: Stacey McKenna, Associate Director and Resident Senior Fellow, Healthier Communities smckenna@rstreet.org</p>	<p>ACRONYM KEY: • OUD—Opioid Use Disorder • OTP—Opioid Treatment Program • DEA—Drug Enforcement Agency • SUD—Substance Use Disorder</p>	<p>ENDNOTES: 1 Keyes et al. Drug Alcohol Depend Rep 3 (2022). 2 Dowell et al. MMWR Morb Mortal Wkly Rep 73:25 (2024). 3 McKenna. R Street Policy Study No. 337 (2026).</p>	<p>READ THE COMPREHENSIVE STUDY: bit.ly/RSI-Study-337</p>
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