

Methadone for Treatment of Opioid Use Disorder: Federal Landscape



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The National Academies of Sciences, Engineering, and Medicine
Methadone Treatment for Opioid Use Disorder: Examining Federal Regulations and Laws – A Workshop
March 3, 2022

Disclosures

- No relevant disclosures or conflicts of interest to report

Evidence-Based Medications to Treat Opioid Use Disorder (MOUD)

- Methadone has strong evidence base to:
 - Reduce opioid cravings
 - Reduce illicit opioid use
 - Reduce risk of opioid overdose
 - Increase rate of treatment retention

MOUD	OTPs	DATA-waivered Providers	Any Prescriber
Methadone	Yes	No	No
Buprenorphine	Yes	Yes	No
Naltrexone	Yes	Yes	Yes



HHS Overdose Prevention Strategy

Equity

Data &
Evidence

Coordination,
Collaboration &
Integration

Reducing
Stigma



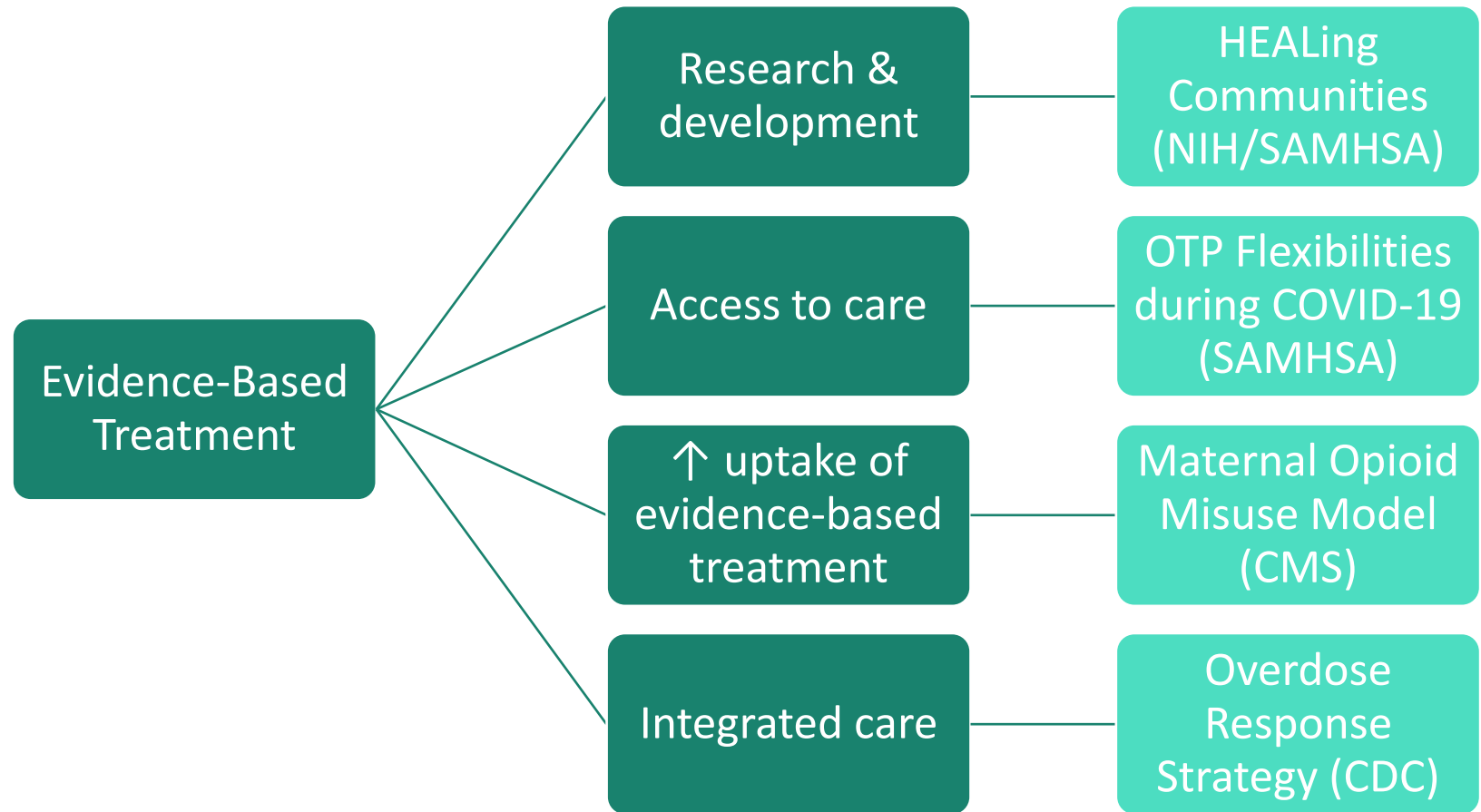
<https://www.hhs.gov/overdose-prevention/>

HHS.gov

Highlights of Strategy

- Opioids → overdose
- Comprehensive focus:
 - Lifespan
 - Continuum of care & services
- Integration across sectors, types of care
- Equity
- Focus on harm reduction & recovery support
- Closing gap between research/evidence and services/supports
- Renewed/updated focus given COVID
- Substantial investments

Priority Area: Evidence-Based Treatment



Priority Area

Objectives

Activities (examples)

National Institutes of Health (NIH) Initiatives

- *NIDA's Medication Development Program*: research led to fast-track FDA designation for a long-acting formulation of methadone.
- *NIDA's Clinical Trial Network*: supports research on new models of care for methadone provision.
- *The HEALing Communities Study*: testing strategies to promote methadone initiation and retention, e.g., in MA.



Justice Community Opioid Innovation Network (JCOIN) - NIH

- In 2019, researchers surveyed prison systems in 21 states with highest opioid overdose rates.
 - Methadone was available in 91% of the *systems* but only in 9% of the 583 *prisons* the systems manage.
 - Where available, methadone was most often limited to specific subsets of patients, such as pregnant women.
 - Availability of methadone in prisons is hampered by logistical and regulatory issues regarding OTPs



Maternal Opioid Misuse (MOM) Model

- Patient-centered service-delivery model administered by Center for Medicare & Medicaid Innovation (CMMI).
- Aims to improve quality of care, reduce costs for pregnant and postpartum Medicaid beneficiaries with OUD and their infants.
- Supports interventions to reduce fragmentation and improve care coordination, including with OTPs and other MOUD providers, where identified.



Recent MOUD Insurance Coverage Expansions

Medicare

- Part B coverage of OTP services began in 2020
- Bundled payment

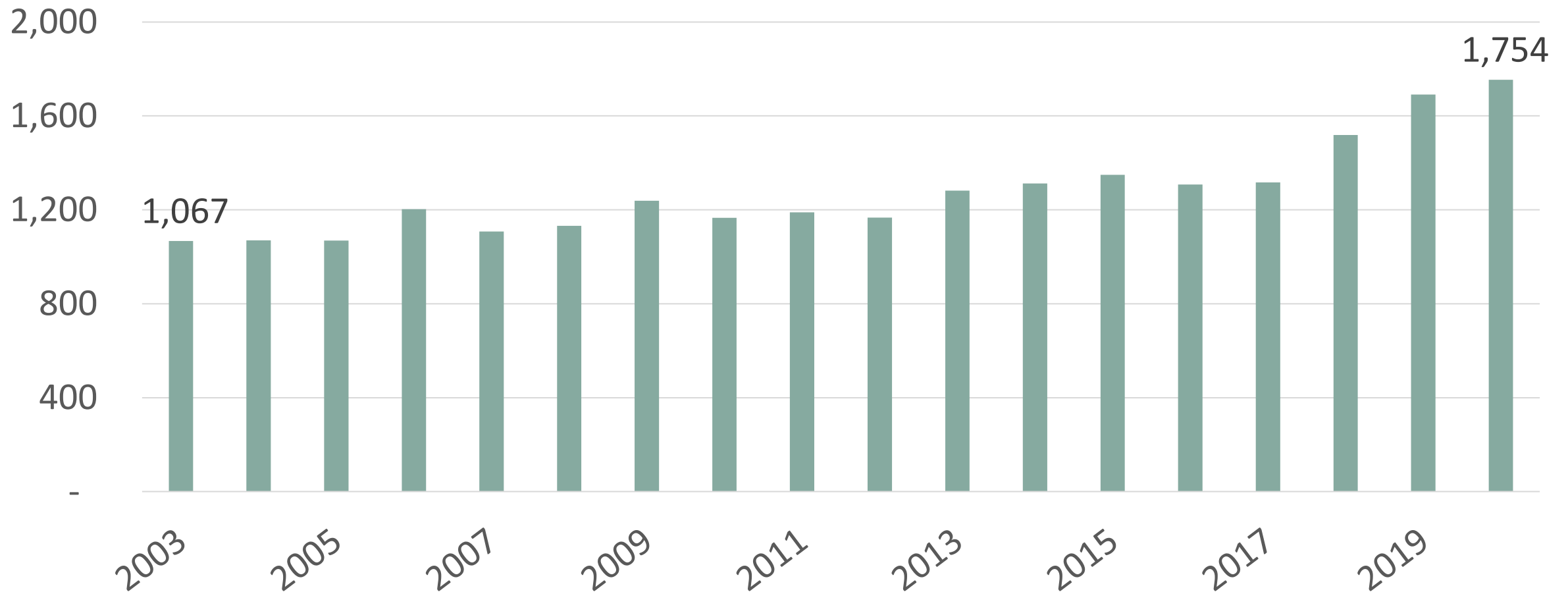
Medicaid

- Required coverage of all three FDA-approved medications for opioid use disorder
- October 2020 – September 2025



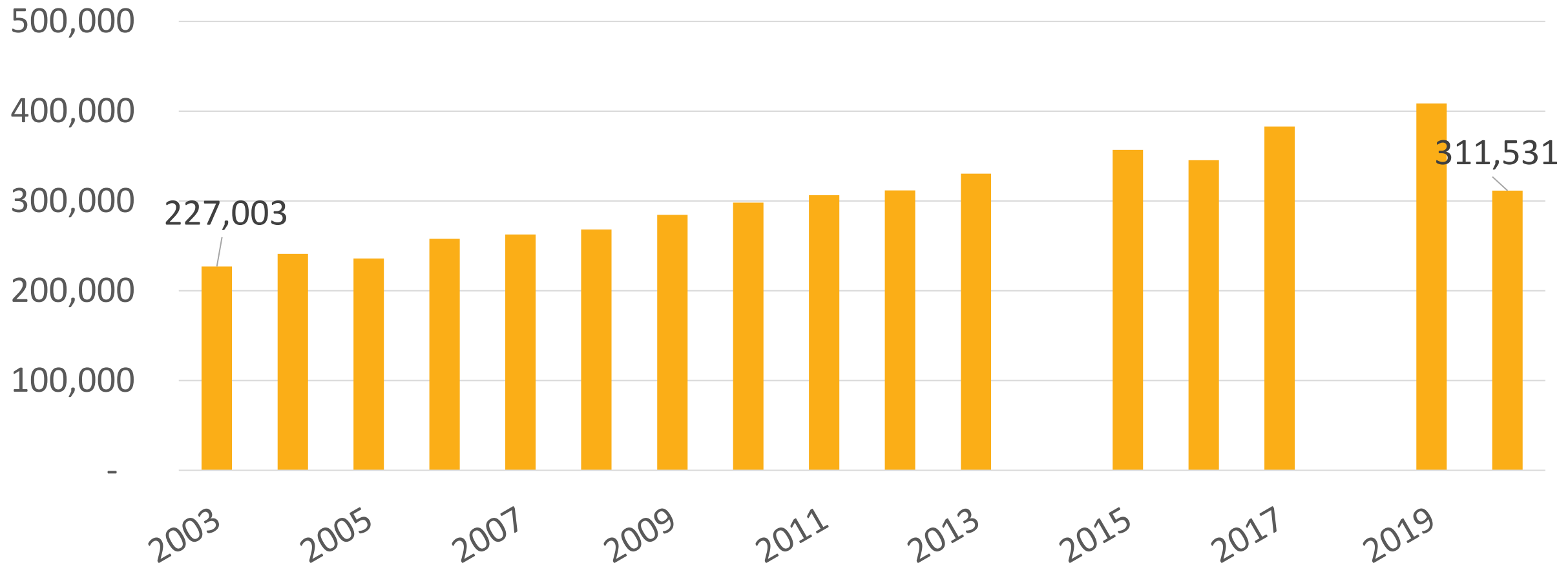
Source: 2018 SUPPORT for Patients and Communities Act

Number of OTPs: 2003 – 2020



Source: National Survey of Substance Abuse Treatment Services (N-SSATS), 2003 - 2020

Number of Clients Receiving Methadone in OTPs: 2003 – 2020



Source: National Survey of Substance Abuse Treatment Services (N-SSATS), 2003 - 2020

Ongoing Challenges

- Barriers to accessing methadone, including in specific settings (e.g., justice settings, long-term care facilities).
- Inadequate OTP availability and capacity.
- Disparities in access to methadone vs. buprenorphine.
- Lack of integration with other medical care (e.g., prenatal care).

Thank You

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