Breaking Down Barriers to Substance Use Treatment
H.R. 3925, 116th Congress
Sponsors: Reps. Paul Tonko (D-NY), David McKinley (R-WV)

“The devastation of America’s opioid crisis has touched every part of our country, and access to treatment is a matter of life and death. Our national response needs to rise to meet the unprecedented scale of this crisis.”
❖ Paul Tonko

America is in the grip of an overdose epidemic
• 70,237 people died of an overdose in America in 2017, more than automotive & gun deaths combined
• Overdose fatalities are now the leading cause of death for Americans under 50
• Americans are dying from this illness faster than they did at the height of the HIV/AIDS epidemic that sparked a national movement to address it
• Just 1 in 5 individuals with an opioid use disorder is getting the treatment they need

Access to treatment is a life-saving answer
• The U.S. Surgeon General has called medication-assisted treatment (MAT) with methadone, buprenorphine, or naltrexone the ‘gold-standard’ of treatment for opioid use disorder.
• People actively engaged in MAT are up to 50% less likely to die of an opioid overdose
• Unfortunately, many state Medicaid programs impose arbitrary barriers to MAT that require health care providers to exhaustively document patient compliance with urine screens, behavioral counseling, or mandatory tapering plans, despite a lack of evidence that these policies are providing clinical benefit
• Prioritizing paperwork over patients means these policies delay care and exacerbate our overdose crisis
• 43% of substance use treatment programs in states without utilization restrictions provide access to life-saving and cost-effective buprenorphine. This falls to 17% in states with prior authorization requirements.

Congress can help stop this crisis!
The Reducing Barriers to Substance Use Treatment Act
• Prohibits state Medicaid programs from imposing onerous utilization management techniques—including prior authorization requirements—on medication-assisted treatments for opioid use disorder
• This requirement would be time-limited and tied to the existing statutory requirement that state Medicaid programs offer all three forms of MAT through 2025.


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