



## Medication-Assisted Treatment for Opioid Use Disorders

Medication-assisted treatment, often referred to as MAT, is the use of medications in combination with counseling and behavioral therapies to treat substance use disorders, including opioid use disorders. The most commonly used MAT medications for opioid use disorders are methadone, buprenorphine, and naltrexone. MAT is often provided through opioid treatment programs (OTPs), and certain medications may also be provided in other locations, such as physician office settings.

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### Treatment of opioid use disorders

In recent years, the misuse of and addiction to opioids – including prescription pain relievers, heroin, and synthetic opioids such as fentanyl – has become a serious national crisis that affects public health, as well as social and economic welfare.<sup>1</sup> Ohio has been particularly impacted. Beginning in 2007 and continuing through at least 2022, unintentional drug poisoning

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<sup>1</sup> See [The Opioid Crisis and Recent Federal Policy Responses \(PDF\)](#), September 2022, which is available on the Congressional Budget Office's website: [cbo.gov](https://www.cbo.gov).

has been the leading cause of injury death in Ohio, surpassing motor vehicle crashes.<sup>2</sup> In fact, Ohio's drug overdose death rate is significantly higher than the national average, according to data from the federal Centers for Disease Control and Prevention.<sup>3</sup>

Although often subject to stigma and misunderstanding,<sup>4</sup> one method that has proven effective for treating opioid use disorders is the combined use of medication with counseling and behavioral therapies. This treatment is known as medication-assisted treatment or MAT.

## Drugs approved for medication-assisted treatment

Currently, there are three drugs approved by the federal Food and Drug Administration (FDA) for the treatment of opioid dependence: methadone, buprenorphine, and naltrexone.<sup>5</sup> As indicated in the table below, one way to distinguish among them is whether they are agonists or antagonists. An agonist is a drug that activates certain receptors in the brain. Full agonist opioids activate the opioid receptors in the brain resulting in the full opioid effect. Examples of full agonists are heroin, oxycodone, hydrocodone, and morphine, as well as the MAT drug methadone. Partial agonist opioids activate the opioid receptors in the brain, but to a much lesser degree than a full agonist. Buprenorphine is an example of a partial agonist. An antagonist is a drug that blocks opioids by attaching to the opioid receptors without activating them. Antagonists cause no opioid effect and block full agonist opioids. Examples are naltrexone and naloxone.<sup>6</sup>

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<sup>2</sup> See page 2 of [Data Snapshot: Updated death trends among working-age Ohioans \(PDF\)](#), October 2023, which is available on the Health Policy Institute of Ohio's website: [healthpolicyohio.org](http://healthpolicyohio.org). For additional statistics, see current and past versions of [drug overdose reports](#), which are available on the Ohio Department of Health's website: [odh.ohio.gov](http://odh.ohio.gov).

<sup>3</sup> [Drug Overdose Mortality by State](#), which is available on the Centers for Disease Control and Prevention's website: [cdc.gov](http://cdc.gov).

<sup>4</sup> See [Reducing Stigma Toward Medication-Assisted Treatment](#), which is available on Utah State University's website: [usu.edu](http://usu.edu); and [Stigma and Discrimination](#), which is available on the National Institute on Drug Abuse's website: [nida.nih.gov](http://nida.nih.gov).

<sup>5</sup> [Information about Medications for Opioid Use Disorder \(MOUD\)](#), which is available on the FDA's website: [fda.gov](http://fda.gov).

<sup>6</sup> [Pharmacological Treatment](#), which is available on the Indian Health Service's website: [ihs.gov](http://ihs.gov).

FDA-Approved MAT Drugs			
	Methadone <sup>7</sup>	Buprenorphine <sup>8</sup>	Naltrexone <sup>9</sup>
Type of drug	Full opioid agonist	Opioid partial agonist (often known by the brand name Suboxone®)	Antagonist (often known by the brand name, for its injectable extended-release form, Vivitrol®)
Controlled substance category	Schedule II (classified as having a high potential for abuse which may lead to severe psychological or physical dependence) <sup>10</sup>	Schedule III (classified as having a potential for abuse less than substances in schedules I or II, and abuse may lead to moderate or low physical dependence or high psychological dependence)	None (very limited, if any, abuse and diversion potential)
Available forms	Liquid, powder, tablets, and diskettes; Ohio, however, permits use only in liquid forms <sup>11</sup>	Tablets, sublingual films, and injections <sup>12</sup>	Pills and injections
Dosing frequency	Daily	Varies from daily up to every six months	Varies from daily to monthly
Availability	Dispensed only through opioid treatment programs (OTPs); after a period of progress and consistent program compliance, patients may be allowed to take methadone at home between OTP visits	In addition to dispensing at OTPs, may be prescribed by or dispensed in physician offices, as well as other health care settings	May be prescribed by any health care professional who is licensed to prescribe drugs; in Ohio, also may be dispensed or administered by a pharmacist when authorization for a refill is not readily available

<sup>7</sup> [Methadone](#), which is available on the Substance Abuse and Mental Health Services Administration's (SAMHSA) website: [samhsa.gov](#).

<sup>8</sup> [Buprenorphine](#), which is available on SAMHSA's website: [samhsa.gov](#).

<sup>9</sup> [Naltrexone](#), which is available on SAMHSA's website: [samhsa.gov](#); R.C. 4729.283.

<sup>10</sup> [Drug Scheduling](#), which is available on the U.S. Drug Enforcement Administration's website: [dea.gov](#).

<sup>11</sup> R.C. 5119.37(H).

<sup>12</sup> [Buprenorphine Quick Start Guide \(PDF\)](#), which is available on SAMHSA's website: [samhsa.gov](#).

## Medication access and length of treatment

Ohio law requires prescribers, before initiating MAT, to give patients information about all FDA-approved treatment drugs, both orally and in writing.<sup>13</sup> Generally, there is no maximum recommended duration of maintenance treatment; treatment medications may be gradually tapered off, though long-term maintenance may last for several years, if not indefinitely.<sup>14</sup>

## Opioid treatment programs

OTPs are providers of MAT that are certified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and accredited by an independent, SAMHSA-approved accrediting body. Additionally, OTPs must be state-licensed and registered with the federal Drug Enforcement Administration.<sup>15</sup>

Under Ohio law, only community addiction services providers are eligible for state OTP licensure.<sup>16</sup> A community addiction services provider is a provider of alcohol and drug addiction services that are certified by the Director of the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Community addiction services providers also may provide related recovery supports.<sup>17</sup>

Each board of alcohol, drug addiction, and mental health services (commonly referred to as an ADAMHS board) must annually update and publish on its website a list of all licensed OTPs operating in the board's service district.<sup>18</sup>

## License qualifications

An OTP applicant must meet the following requirements under Ohio law:<sup>19</sup>

1. During the three-year period preceding the date of the application, the provider (or any owner, sponsor, medical director, administrator, or principal of the provider) must have been in good standing to operate an OTP in all other locations where the provider or such other person has been operating a similar program.
2. It must affirmatively appear to OhioMHAS that the provider is adequately staffed and equipped to operate an OTP.
3. It must affirmatively appear to OhioMHAS that the provider will operate an OTP in strict compliance with all laws and rules relating to drug abuse.

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<sup>13</sup> R.C. 3719.064.

<sup>14</sup> [Medications for Addiction Treatment](#), which is available on the American Addiction Centers' website: [americanaddictioncenters.org](http://americanaddictioncenters.org).

<sup>15</sup> [Certification of Opioid Treatment Programs \(OTPs\)](#), which is available on SAMHSA's website: [samhsa.gov](http://samhsa.gov); 42 Code of Federal Regulations 8.

<sup>16</sup> R.C. 5119.37(A).

<sup>17</sup> R.C. 5119.01(A)(6), 5119.35, and 5119.36.

<sup>18</sup> R.C. 340.08(I).

<sup>19</sup> R.C. 5119.37(C).

4. The proposed OTP must not be located within 500 linear feet of a public or private school, child care center, or child-serving agency, unless a waiver is obtained.
5. The OTP must meet any additional requirements established by OhioMHAS in rules.

### **Program operation**

Much of the regulation of day-to-day operations of OTPs is set forth in rules, including standards for the control, storage, furnishing, use, dispensing, and administering of medications used in MAT, as well as minimum standards for the operation of the OTP component of the provider's operations.<sup>20</sup>

Ohio law specifies that MAT drugs cannot be administered or dispensed for pain or other medical reasons. Additionally, methadone can be administered and dispensed only in a liquid form intended for ingestion.<sup>21</sup>

### **Opioid treatment outside of OTPs**

With few exceptions, the use of methadone to treat opioid use disorders is limited to OTPs, as described above; however, physicians who wish to treat opioid addiction using controlled substances other than methadone, such as buprenorphine, may do so as part of a primary care or general health care practice. Prior to 2023, this model of treatment was referred to under Ohio law as "office-based opioid treatment" (OBOT). To provide OBOT, a physician was required to obtain a waiver under federal law and comply with state licensing requirements. Both of those requirements were recently eliminated however, as discussed below.

### **Federal waiver for OBOT prescribers eliminated**

The Drug Addiction Treatment Act of 2000 (DATA) permitted qualified physicians to treat narcotic dependence with FDA-approved controlled substances in schedules III through V. The authorization was later extended to physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives.<sup>22</sup>

Prior to 2023, in order for a practitioner to be qualified, the practitioner had to apply for a waiver by certifying state licensure, as well as addiction medicine expertise, including completion of a specific training course. Certain patient limits also applied. Section 1262 of the federal Consolidated Appropriations Act, 2023, removed the waiver requirement to prescribe medications like buprenorphine for the treatment of opioid use disorder. As a result, all practitioners with a current DEA registration that includes Schedule III authority may now prescribe buprenorphine for opioid use disorder in their practice if permitted by applicable state law. A separate section of that act requires new or renewing DEA registrants to have one of the following:

- Eight hours of training on opioid or other substance use disorders;

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<sup>20</sup> R.C. 5119.37(F); Ohio Administrative Code Chapter 5122-40.

<sup>21</sup> R.C. 5119.37(H).

<sup>22</sup> [The Mainstreaming Addiction Treatment Act: A historic reform](#), which is available on End Substance Use Disorder's website: [endsud.org](https://endsud.org).

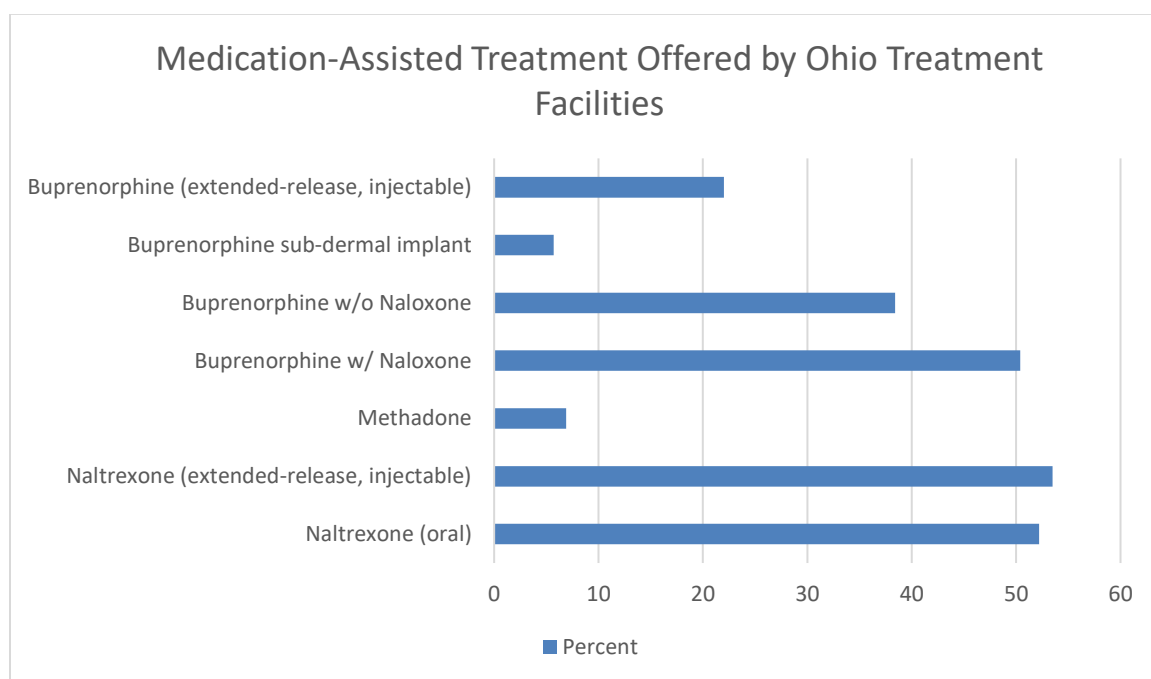
- Board certification in addiction medicine or addiction psychiatry; or
- Graduation within five years from a program that included an opioid or other substance use disorder curriculum of at least eight hours.<sup>23</sup>

## Ohio OBOT licensure eliminated

In 2023, Ohio eliminated a licensure through the State Board of Pharmacy that had been required since 2017 for OBOT providers. The licensure was required to provide OBOT to more than 30 patients, although numerous exceptions existed.<sup>24</sup>

## Utilization

According to SAMHSA, while MAT's ultimate goal is full recovery, it has been shown to improve patient survival, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with substance use disorders, increase patients' ability to gain and maintain employment, and improve birth outcomes among women who have substance use disorders and are pregnant. Despite these positive outcomes, according to SAMHSA's most recent National Survey of Substance Abuse Treatment Services, as indicated in the following chart, availability of various types of MAT varies in Ohio's 619 treatment facilities.<sup>25</sup> On the date referenced in that survey, those facilities served 69,478 clients overall.<sup>26</sup>



<sup>23</sup> [Waiver Elimination \(MAT Act\)](#), which is available on SAMHSA's website: [samhsa.gov](https://www.samhsa.gov).

<sup>24</sup> R.C. 4729.553, repealed.

<sup>25</sup> [National Survey of Substance Abuse Treatment Services \(N-SSATS\): 2020 - Data on Substance Abuse Treatment Facilities \(PDF\)](#), June 2021, which is available on SAMHSA's website: [samhsa.gov](https://www.samhsa.gov).

<sup>26</sup> See page 118 of the [National Survey of Substance Abuse Treatment Services \(N-SSATS\): 2020 - Data on Substance Abuse Treatment Facilities \(PDF\)](#).

## Section 1115 Substance Use Disorder Demonstration

Through September 2024, the federal Centers for Medicare and Medicaid Services has approved a waiver to allow Ohio to support a comprehensive continuum of care for Medicaid recipients with substance use disorders, including opioid use disorders. The waiver expands Ohio's efforts to increase support for individuals in the community and home – outside of institutions – and improve access to a continuum of high-quality, evidence-based services, including MAT, based on clinical guidelines set by the American Society of Addiction Medicine. A central part of the waiver focuses on enhancing residential treatment services by permitting Ohio to receive federal funding for Medicaid services for individuals who temporarily reside in inpatient or residential treatment facilities.<sup>27</sup> Under the waiver, Medicaid provider standards will include a requirement that residential treatment facilities offer MAT onsite or facilitate access off-site. Ohio has requested to have the waiver extended for another five-year period.

### Funding sources

Besides Medicaid, various other funding sources help to provide Ohioans increased access to MAT, including the State Opioid Response Grant (created in the 2018 omnibus appropriations bill).<sup>28</sup> OhioMHAS is using the grant in part to increase access to MAT.<sup>29</sup>

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<sup>27</sup> [Substance Use Disorder Section 1115 Demonstration Waiver](#), which is available on the Ohio Department of Medicaid's website: [medicaid.ohio.gov](https://medicaid.ohio.gov); see also [September 24, 2019 approval letter \(PDF\)](#), Department of Health and Human Services.

<sup>28</sup> Pub. L. 115-141 (2018).

<sup>29</sup> See page 16 of [LSC's Greenbook, LBO Analysis of Enacted Budget, Department of Mental Health and Addiction Services \(PDF\)](#), which is available on LSC's website: [lsc.ohio.gov](https://lsc.ohio.gov).