ENHANCING RURAL ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER

POLICY BRIEF AND RECOMMENDATIONS TO THE SECRETARY

JANUARY 2025

NACRHHS

National Advisory Committee on Rural Health and Human Services

CHAIRPERSON

Steve Bullock
Helena, MT

MEMBERS

April Anzaldua
Alice, TX

Isabel Garcia-Vargas
Lehigh Acres, FL

Craig Glover
Charlestown, WV

Clifford Hunter
Dublin, GA

Cara James
Washington, D.C.

Michelle Mills
Parker, CO

Kellie Phillips-Asay
Hysham, MT

Matthew Probst
Las Vegas, NM

Amanda Aguirre
Somerton, AZ

Ruby Kirby
Bolivar, TN

Alva Ferdinand
College Station, TX

EXECUTIVE SECRETARY

Haley Meyers Mathieu
Rockville, MD

COMMITTEE BACKGROUND

The National Advisory Committee on Rural Health and Human Services (NACRHHS) is a 21-member citizens' panel of nationally recognized rural health experts that provides recommendations on rural issues to the Secretary of the U.S. Department of Health and Human Services (HHS).

Chartered in 1987, the Committee operates under the Federal Advisory Committee Act and provides recommendations to the Secretary of Health and Human Services on rural issues.

The Committee is currently composed of 21 members and is currently chaired by former Montana Governor Steve Bullock. The members represent expertise in the delivery, financing, research, development, and administration of health and human services in rural areas. More information on the Committee and its members is available at: https://www.hrsa.gov/advisory-committees/rural-health

The Committee is staffed by the Federal Office of Rural Health Policy of the Health Resources and Services Administration as well as ex-officio members from the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Indian Health Service, the Administration for Community Living, the Administration for Children and Families, the Substance Abuse and Mental Health Services Administration, the U.S. Department of Agriculture and the U.S. Department of Veteran Affairs.

POLICY RECOMMENDATIONS

Recommendation 1: The Committee recommends the Secretary ensure that when the Centers for Disease Control and Prevention (CDC) releases annual overdose death rates due to opioids, it includes a rural-urban data cut.

Recommendation 2: The Committee recommends the Secretary work across the government to identify and reduce barriers to prescribing and dispensing Buprenorphine and Medications for Opioid Use Disorder (MOUD) for rural communities and the pharmacies that serve these communities.

Recommendation 3: The Committee recommends the Secretary support efforts to make providers more aware of new Medicare payment regulations that allow substance use and addiction support staff to provide services as incident to a physician to help expand the workforce and make the provision of these services more financially viable.

Recommendation 4: The Committee recommends the Secretary ensure that telehealth regulations include an audio-only option.

Recommendation 5: The Committee recommends the Secretary compile effective approaches to opioid and substance use services in approved 1115 Waivers that focus on rural community needs and disseminate these resources to States.

Introduction

As rural families continue to deal with the impact of the ongoing opioid and related substance use crisis, the National Advisory Committee on Rural Health and Human Services (NACRHHS) believes medication for opioid use disorder (MOUD) needs to be expanded in rural areas, based on the key findings from its Fall 2024 site visit to New Mexico.

MOUD continues to play an important role in treating those facing addiction nationally, particularly so in rural communities. Speakers from the New Mexico State Health Department as well as local clinicians serving the Santa Fe and Las Vegas areas noted the growing need for these services during their presentations to the Committee.

This policy brief is a companion document to the Committee's January 2025 Issue Brief **(Assessing the Needs of Rural Families Affected by the Opioid Crisis).** That Issue Brief assesses the social determinants of health for rural families that influence opioid use disorder with a special focus on current prevention efforts in Las Vegas, NM. As part of that work, the Committee learned about unique policy challenges affecting serving those in recovery. This policy brief delves more deeply into those issues and provides recommendations for HHS to consider supporting and enhancing the delivery of MOUD in rural communities.

Opioid Use Disorder (OUD) and Rural America

The evolution of opioid overdose deaths in the United States in recent years can be understood in three distinct waves driven by different types of opioids. However, in 2021 a "fourth wave" was included to account for the rise in overdose deaths associated with stimulants such as cocaine and methamphetamine[i]. Rural communities have been impacted by the changing nature of substances leading to overdose deaths. Per 2020 data, the rate of overdose deaths involving psychostimulants was 31% higher in rural counties than in urban counties, and the rate of deaths involving natural and semisynthetic opioids was nearly 13% higher in rural counties than in urban counties.[ii]

Recent provisional data from CDC's National Center for Health Statistics (NCHS) indicate a decrease in overdose deaths nationally.[iii] According to NCHS data, there were an estimated 107,543 drug overdose deaths in the United States during 2023—a decrease of 3% from the 111,029 deaths estimated in 2022.

The Committee believes it is important that NCHS include national rural-urban differences in the number of overdose deaths as it could provide important information to inform program and policy actions. The Committee is aware and concerned about challenges of public health data reporting given small numbers in rural communities and the need to protect privacy, which can result in some county data submissions being suppressed. The Committee is encouraged that CDC's Office of Rural Health will work with NCHS to support a rural focus in future mortality data releases.

---

[i] Richard A. Rawson, Tyler G. Erath, H. Westley Clark, The fourth wave of the overdose crisis: Examining the prominent role of psychomotor stimulants with and without fentanyl, Preventive Medicine, Volume 176, 2023.
[ii] Spencer MR, Garnett MF, Miniño AM. Urban–rural differences in drug overdose death rates, 2020. NCHS Data Brief, no 440. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: https://dx.doi. org/10.15620/cdc:118601.
[iii] CDC (2024) Drug Overdose Deaths Decrease in 2023, First Time Since 2018. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm.

Recommendation 1: The Committee recommends the Secretary ensure that when the CDC releases annual overdose death rates due to opioids, it includes a rural-urban data cut.

Access to MOUD in Rural

The Food and Drug Administration (FDA) has approved three medications for treating OUD: Methadone, Naltrexone and Buprenorphine. Existing evidence suggests a combination of medication and therapy can successfully treat substance use disorders, and for some, medications can help sustain recovery.

The Committee believes more could be done to expand MOUD services in key settings, including certified Rural Health Clinics, rural located Federally Qualified Health Centers, private physician practices and Community-Certified Behavioral Health Clinics (CCBHC) located in rural areas.

The Committee is optimistic about the potential for expanding MOUD services through the relatively new CCBHC model. The Santa Fe Recovery Center, a non-profit substance-use-disorder treatment center which was presented to the Committee, noted the challenges of providing MOUD services to rural communities. The Center is in the process of becoming a CCBHC, as that model will enable it to expand the use of support staff into treatment to improve client outcomes. The Center is also the only facility in the State that provides residential services for pregnant and postpartum women, as well as their children.

Several factors contribute to the accessibility of MOUD in rural settings. These factors include rurality and transportation to treatment.[iv] Variations in the prescribing and dispensing among the three medications further compound accessibility in rural areas. Methadone dispensing exclusively takes place in a Substance Abuse and Mental Health Services Administration (SAMHSA) certified Opioid Treatment Program (OTP) while the settings where Buprenorphine and Naltrexone can be prescribed and dispensed are more flexible in terms of storage as well as the ability of clinicians to prescribe and dispense the medications. For example, patients can take Buprenorphine in an office or home setting and Naltrexone can be prescribed in any setting by any health care provider with the authority to prescribe it.

In many rural areas, methadone can be a particularly challenging and inaccessible form of MOUD given limited access to OTPs in rural areas.[v] As a result, rural patients must travel significant distances each day to reach the nearest OTP. The estimated average drive time to an OTP for people living in rural areas is six times greater than for those living in urban areas.[vi] Generally, patients who are placed on Methadone must visit an OTP daily to take medication under staff supervision onsite.

[iv] Stacey C. Sigmon, "Access to Treatment for Opioid Dependence in Rural America: Challenges and Future Directions," JAMA Psychiatry 71, no. 4 (2014): 359-60, http://dx.doi.org/10.1001/ jamapsychiatry.2013.4450; Pullen and Oser, "Barriers to Substance Abuse Treatment.
[v] Disparities in Access to Opioid Treatment Programs and Office-Based Buprenorphine Treatment Across the Rural-Urban and Area Deprivation Continua: A US Nationwide Small Area Analysis. Amiri, Solmaz et al. Value in Health, Volume 24, Issue 2, 188 – 195.
[vi] Joudrey PJ, Edelman EJ, Wang EA. Drive Times to Opioid Treatment Programs in Urban and Rural Counties in 5 US States. *JAMA.* 2019;322(13):1310–1312. doi:10.1001/jama.2019.12562.

Studies have shown distance and location of MOUD treatment sites are associated with retention.[vii] Within the context of New Mexico, the Committee learned that individuals residing in Gallup would have to travel to Albuquerque to access an OTP, a drive of over two hours each way.

It should be noted that the Committee discussed at length the barriers to accessing methadone, particularly in rural settings. However, the Committee did not reach a consensus on a recommendation regarding the regulatory burdens of prescribing methadone and the related access challenges that it creates for rural residents.

While the Drug Addiction Treatment Act (DATA) of 2000 expanded the ability of providers to prescribe buprenorphine outside of OTP settings, previous SAMHSA estimates indicate only 19 percent of individuals who need substance use treatment receive it. [viii] The Committee noted that provider knowledge, beliefs, and stigma contribute to the shortage of MOUD providers in rural communities.

Among rural MOUD providers, perceived barriers include concerns about medication diversion or misuse; time constraints; lack of mental and behavioral health support services; concerns about attraction of drug users to the practice; concerns about intrusion from the Drug Enforcement Administration (DEA); financial and reimbursement concerns; and resistance from practice partner(s), among others.[ix]

[vii] Vanessa I. Villamil, Natasha Underwood, Laura J. Cremer, Cherie R. Rooks-Peck, Xinyi Jiang, Gery P. Guy, Barriers to retention in medications for opioid use disorder treatment in real-world practice, Journal of Substance Use and Addiction Treatment.
[viii] Office of Inspector General, HHS. Geographic Disparities Affect Access to Buprenorphine Services for Opioid Use Disorder, (2020).
[ix] C. Holly A. Andrilla, Cynthia Coulthard and Eric H. Larson. Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder. https://www.annfammed.org/content/15/4/359.

Rural communities have fewer MOUD providers compared to their urban counterparts. Per 2020 data on DEA-waivered clinicians, more than half of small and remote rural counties lacked one MOUD provider.[x] Further, as is shown in in Figure 1 below, several hundred counties nationwide had no, or disproportionately fewer, MOUD providers. [xi]

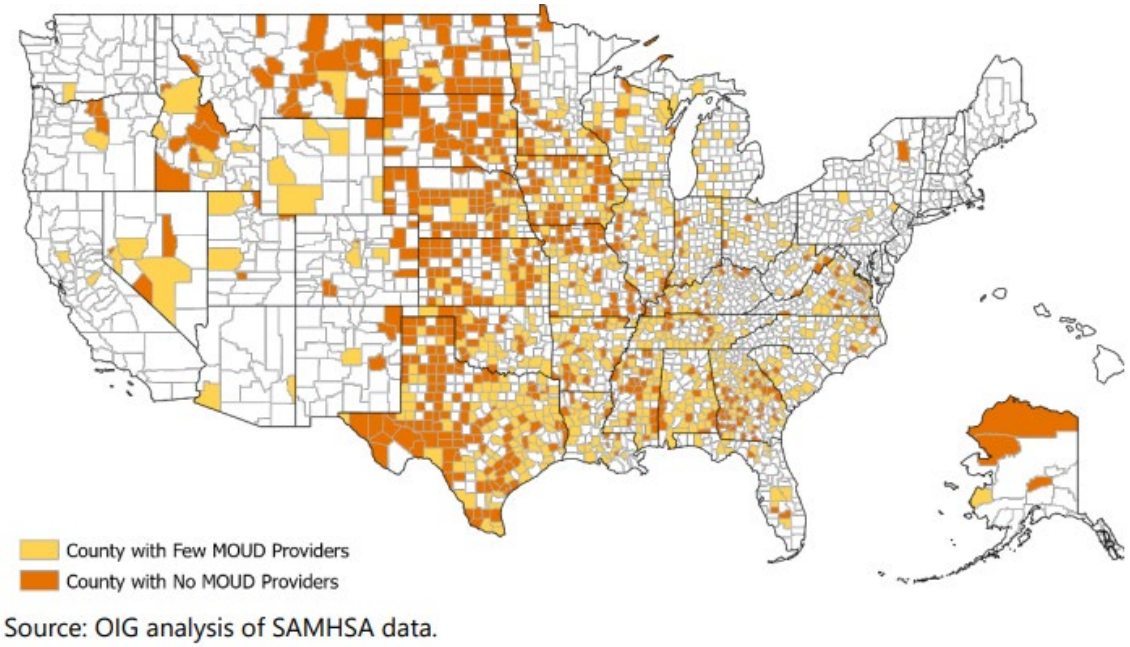

Figure 1: Counties With No or Few MOUD Providers

The 2023 Consolidated Appropriations Act expanded access to MOUD by eliminating the special waiver previously required for clinicians to prescribe buprenorphine. The hope was that the removal of this administrative hurdle would result in more clinicians offering MOUD. However, a recent study found that while the number of prescribers increased, the number of persons who received the medication did not[xii]. Nevertheless, an ongoing study of the Federal Office of Rural Health Policy's Rural Communities Opioid Response Program (RCORP) grantees, and other providers, has not yet shown significant increases in the number of offering clinicians.[xiii]

Committee members and clinicians presenting at the meeting noted that ongoing dispensing regulatory barriers impact pharmacies in stocking and dispensing have been associated with limited access to

[x] Andrilla CHA, Patterson DG. Tracking the geographic distribution and growth of clinicians with a DEA waiver to prescribe buprenorphine to treat opioid use disorder. J Rural Health. 2022 Jan;38(1):87-92. doi: 10.1111/jrh.12569. Epub 2021 Mar 18. PMID: 33733547.

[xi] Medicare and Medicaid Enrollees in Many High-Need Areas May Lack Access to Medications for Opioid Use Disorder. https://oig.hhs.gov/reports/all/2024/medicare-and-medicaid-enrollees-in-many-high-need-areas-may-lack-access-to-medications-for-opioid-use-disorder/.

[xii] https://www.nejm.org/doi/pdf/10.1056/NEJMc2312906.

[xiii] Andrilla CHA, Patterson DG. Tracking the geographic distribution and growth of clinicians with a DEA waiver to prescribe buprenorphine to treat opioid use disorder. J Rural Health. 2022 Jan;38(1):87-92. doi: 10.1111/jrh.12569. Epub 2021 Mar 18. PMID: 33733547.

Buprenorphine.[xiv] [xv] This mirrors research findings noting limitations in access to Buprenorphine among independent pharmacies and those in Southern states. [xvi]

> **Recommendation 2: The Committee recommends the Secretary work across the government to identify and reduce barriers to prescribing and dispensing Buprenorphine and Medications for Opioid Use Disorder (MOUD) for rural communities and the pharmacies that serve these communities.**

Workforce

The challenges in training, recruiting, and retaining the needed MOUD workforce is an ongoing concern for rural communities and part of a broader workforce concern. The Committee is encouraged by the expansion of workforce support programs now available through the Health Resources and Services Administration (HRSA). As noted in the Committee's companion issue brief (**Assessing the Needs of Rural Families Affected by the Opioid Crisis**), these training and loan repayment programs provide an important set of resources that could be leveraged by rural communities to expand the MOUD workforce.

This includes HRSA's Rural Communities Opioids Response Program, the Substance Use Disorder Treatment and Recovery Loan Repayment Program, the National Health Service Corps Loan Repayment Program, the National Health Service Corps Rural Community Loan Repayment Program, the National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program, and the Behavioral Health Workforce Development Program.

The Committee is encouraged by several pipeline programs underway in New Mexico to link youth to health care careers, including MOUD. The University of New Mexico (UNM) administers a combined BA/MD program to address the physician shortage. Participating students receive support from undergraduate training through medical school. Of note, two thirds of the students in the BA/MD program are from rural communities and sixty percent of the students who are admitted are from racial and ethnic groups that are underrepresented in medical professions. In addition to the medical curricula, these BA/MD students participate in community service learning experiences in rural areas and in medically underserved areas.

New Mexico is also investing in pipeline programs to get more students interested in health care careers. New Mexico's health career clubs in schools can be an effective MOUD provider workforce strategy. The Committee learned about The Dream Makers Health Careers Program (DMHCP) offered to middle and high school students in collaboration with the UNM Health Sciences Office and New Mexico school districts. The DMHCP is a student run and teacher facilitated program in which students learn

---

[xiv] Major EG, Wilson CG, Carpenter DM, Harless JC, Marley GT, Ostrach B. Factors in rural community buprenorphine dispensing. Explor Res Clin Soc Pharm. 2022 Dec 26;9:100204. doi: 10.1016/j.rcsop.2022.100204. PMID: 36703716; PMCID: PMC9871294.

[xv] Hill, L.G., Loera, L.J., Torrez, S.B., et al. (2022, August). Availability of buprenorphine/naloxone films and naloxone nasal spray in community pharmacies in 11 U.S. states. Drug and Alcohol Dependence, 237; 109518. https://doi.org/10.1016/j.drugalcdep.2022.109518.

[xvi] Kazerouni NJ, Irwin AN, Levander XA, Geddes J, Johnston K, Gostanian CJ, Mayfield BS, Montgomery BT, Graalum DC, Hartung DM. Pharmacy-related buprenorphine access barriers: An audit of pharmacies in counties with a high opioid overdose burden. Drug Alcohol Depend. 2021 Jul 1;224:108729. doi: 10.1016/j.drugalcdep.2021.108729. Epub 2021 Apr 24. PMID: 33932744.

about health careers related to diabetes prevention and awareness, mental health first aid, suicide prevention & awareness, reproductive health, community service, and many other areas.

Ensuring support for the workforce through more flexible reimbursement may also provide a way to sustain MOUD efforts. Medicare has granted flexibility in its payment with changes that allow addiction specialists and peer recovery support specialists to provide services that can be billed as incident to a qualifying clinician. These supporting clinicians can help extend the MOUD workforce through a team-based approach. "Incident to services and supplies" are those provided as an integral, although incidental, part of the physician's or nonphysician practitioner's personal professional services during diagnosis and treatment. Physicians, Nurse Practitioners (NPs), Certified Nurse-Midwives (CNMs), Clinical Nurse Specialists (CNSs), and Physician Assistants (PAs) are nonphysician practitioners who are authorized to have services provided by auxiliary personnel.

In addition, Medicare has also allowed Marriage and Family Therapists and Licensed Professional Counselors to bill directly for services, which has the potential to expand the behavioral health workforce. These Medicare changes are important because other payers (e.g. Medicaid and private insurers) often follow Medicare's lead.

With new billing changes, it often takes time before the provider community is aware of how to leverage these flexibilities. The Committee believes the provider community, particularly those in rural communities, may need additional support to understand and implement these changes into their practices.

> **Recommendation 3: The Secretary should support efforts to make providers more aware of new Medicare payment regulations that allow substance use and addiction support staff to provide services as incident to a physician to help expand the workforce and make the provision of these services more financially viable.**

Telehealth

Telehealth has proven to be an effective method of providing MOUD, and rural programs can use telehealth to facilitate access to prescribing, as well as services such as counseling and other MOUD support services.[xvii] However, infrastructure barriers in rural can complicate access to telehealth services.

According to the Pew Research Center, as of 2021 only 72% of rural areas have access to high-speed broadband internet. In addition, only 65% of housing units on rural tribal lands have access to broadband services.[xviii] In addition to broadband access, equipment and technology access is also a barrier to accessing telehealth services in rural.

[xvii] Jones CM, Shoff C, Blanco C, Losby JL, Ling SM, Compton WM. Association of Receipt of Opioid Use Disorder–Related Telehealth Services and Medications for Opioid Use Disorder With Fatal Drug Overdoses Among Medicare Beneficiaries Before and During the COVID-19 Pandemic. JAMA Psychiatry. 2023;80(5):508–514. doi:10.1001/jamapsychiatry.2023.0310.
[xviii] Some digital divides between rural, urban, suburban America persist | Pew Research Center.

State and federal restrictions on telehealth prescribing of MOUD have also shifted in the recent years. Telehealth prescribing was expanded under the COVID-19 public health emergency (PHE). These flexibilities authorized practitioners to prescribe schedule II-V controlled medications via audio-video telemedicine encounters, including schedule III-V narcotic-controlled medications approved by the FDA for maintenance and withdrawal management treatment of opioid use disorder via audio-only telemedicine encounters.

The DEA in concert with the HHS recently issued a third extension of telemedicine flexibilities for the prescribing of controlled medications, through December 31, 2025. While most States relaxed restrictions on utilizing telehealth to increase access to MOUD during the public health emergency, some States imposed new restrictions requiring an initial in-person visit for patients prescribed with MOUD via telehealth.[xix]

While telehealth has greatly increased MOUD access in rural, certain restrictions such as live video requirements can limit access. The availability of broadband affects the ability of patients to participate in video consultations, transmit health information, and monitor their health at home. Congress is still considering extensions on Medicare telehealth billing. As those provisions are assessed by policymakers, the Committee urges policymakers to ensure any final legislation includes the continued ability to provide audio-only options which is particularly important for rural residents.

Recommendation 4: The Committee recommends the Secretary ensure that telehealth regulations include an audio-only option.

Medicaid 1115 Demonstrations

Insurance coverage for MOUD has been expanded in recent years. As a result of the SUPPORT for Patients and Communities Act, the Centers for Medicare & Medicaid Services (CMS) issued guidance expanding Medicaid coverage requirements by generally requiring State Medicaid programs to cover all forms of MOUD in late 2020.

States across the U.S. are increasingly utilizing Medicaid waivers to address the pressing issue of opioid use disorder (OUD). These waivers are being employed to expand access to medication-assisted treatment for OUD and cover services provided in residential treatment facilities.

[xix] Barsky BA, Mehrotra A, Huskamp HA. State Policies Could Impede New Efforts to Increase Access to Medications for Opioid Use Disorder. JAMA Health Forum. 2023 Mar 3;4(3):e230071. doi: 10.1001/jamahealthforum.2023.0071. PMID: 37000431; PMCID: PMC10251401.

As of April 2023, the primary focus of these waivers is to offer services for short-term residents in inpatient settings that meet the criteria for Institutions for Mental Diseases (IMD). However, many States have gone beyond this fundamental provision by including a broader range of benefits in their waivers including:

- Waivers exclusively focused on providing substance use disorder (SUD) treatment services for short-term residents in IMDs.
- Waivers to support additional community-based and behavioral health benefits such as focusing on justice-involved individuals or coverage for MOUD in postpartum care.
- Waivers for behavioral health coverage expansions and special populations such as parents at risk of involvement with Child Protective Services or enhanced home and community-based services.

Medicaid policy flexibilities via waivers and other options at the disposal of States can contribute to increased access to MOUD in varying settings. Many of these states have significant rural areas and may offer important lessons learned about new approaches to supporting those in treatment as well as in supporting the needs of their families.

> **Recommendation 5: The Committee recommends the Secretary compile effective approaches to opioid and substance use services in approved 1115 Waivers that focus on rural community needs and disseminate these resources to States.**

Conclusion

Federal and State policymakers have taken important steps in expanding access to MOUD since the onset of the opioid crisis. Despite these changes, access to MOUD in rural areas continues to be challenging. The Committee believes opportunities to reduce regulatory barriers, add flexibility in reimbursement, grow the workforce, and expand service sites offer additional policy options for HHS.

Furthermore, HHS could also play a role in helping States leverage and maximize other support, such as the various State settlement agreements related to opioids. This could include providing guidance on promising practices and potential ways to align funding sources to support community-based prevention and treatment efforts in rural communities.