MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 32-18

INTRODUCED BY: Medical Student Section
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SUBJECT: Expanding Opioid Use Disorder Treatments

Whereas, In 2016, an estimated 2.1 million people aged 12 or older had an Opioid Use Disorder[1]; and

Whereas, Medication Assisted Treatment (MAT)--the use of psychosocial therapy and Methadone, buprenorphine, or naltrexone at a safe and controlled level--is the most effective treatment for Opioid Use Disorder[2]; and

Whereas, MAT has broad support from medical and governmental groups, including the American Society of Addiction Medicine and the National Council for Behavioral Health, patient advocate groups, and the White House Office of National Drug Control Policy[3]; and

Whereas, MAT is substantially underutilized and many people are unable to access its benefits[4]; and

Whereas, Two key barriers to the use of MAT are limited insurance coverage and a lack of qualified medical personnel[5]; and

Whereas, treatment programs have been slow to offer MAT drugs -- only 23 percent of publicly funded treatment programs reported offering any FDA-approved medications to treat substance use disorders, and less than half of private-sector treatment programs reported that their physicians prescribed FDA-approved medications[6]; and

Whereas, MAT can be offered in primary care practices and not just specialized treatment programs, making treatment more accessible to people with substance use disorders[4]; and

Whereas, capacity is not only limited because of training and patient treatment limits within the first year but also by prescribers may not be sufficiently supported by specialists and counselors[7]; and

Whereas, states like Vermont, which is the state with the highest capacity per person to treat OUD, have implemented hub-and-spoke models to expand and better coordinate treatment for opioid use disorder, increasing physicians waivered and patients seen per waivered physician by over 50%[8,9]; and

Whereas, MedChi previously identified the need to increase physician education and engagement on office-based buprenorphine therapy[9]; therefore be it

Resolved, that MedChi encourage physicians to complete certification training to prescribe buprenorphine; and be it further

Resolved, that MedChi support initiatives that educate, engage, and provide infrastructure for physicians to treat patients with opioid use disorder with Medication Assisted Treatment (MAT), such as state-implemented hub-and-spoke models and early training on prescribing MATs like buprenorphine in medical education.

At its meeting on September 22, 2018, the House of Delegates referred Resolution 32-18 to the Board of Trustees.

References

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