



American Association for the Treatment of Opioid Dependence (AATOD)

Statement for the Record

Senate Select Committee on Aging hearing: Combatting the Opioid Epidemic

February 26, 2025

Thank you to the Aging Committee for hosting an important conversation on combatting the opioid epidemic. The national addiction problem is complex, and the solutions are often more nuanced than what is on the surface. The American Association for the Treatment of Opioid Dependence (AATOD) represents over 1,400 Opioid Treatment Programs (OTPs) throughout the United States. OTPs are comprehensive care outpatient treatment programs that specialize in the treatment of opioid use disorder (OUD). OTPs have provided safe and effective medication-assisted treatment to millions of people for more than 50 years—saving lives, getting people back to work, reducing health care costs, and improving communities.

Medicaid work requirements or cuts in federal allocation to the states would significantly accelerate the epidemic and risk destabilizing the most effective and evidence-based opioid addiction treatment model in the country. OTPs rely on Medicaid to serve this vulnerable population. One witness misstated that, “Many mental health therapists, opioid treatment programs, and buprenorphine prescribers do not accept Medicaid, largely reflecting the program’s administrative burdens and low reimbursement rates.”ⁱ In fact, most OTPs treat Medicaid patients—55% of our patients living with OUD are on Medicaid and that number reaches 90% in some locations according to my members.ⁱⁱ Additionally, OTPs are significantly more likely to treat Medicaid beneficiaries for opioid use disorder than other addiction specialists. A 2024 OIG report found that, 77% of opioid treatment programs prescribed or administered buprenorphine or methadone to at least one Medicaid enrollee in 2022.ⁱⁱⁱ In contrast, just 38% of office-based providers nationwide

(excluding Florida) prescribed or administered buprenorphine to at least one Medicaid enrollee.

Indeed, the number should be 100% for all addiction providers so we can meet the needs of the population. The witness is correct that low Medicaid reimbursement is the contributing factor in determining if we can service a specific geographic area. The Medicaid coverage we have is paltry—in one state it's an untenable \$9. Given the human and financial cost of the opioid epidemic, I urge Congress to find ways to bolster, not cut, Medicaid for OUD treatment.

ⁱ Burnett, M. (2025, February 26). *Testimony before the Select Committee on Aging*. American Society of Addiction Medicine. Accessed on 2/28/25 at

https://www.aging.senate.gov/download/testimony_burnett-022625pdf

ⁱⁱ Orgera, K., & Tolbert, J. (2019, July 15). The opioid epidemic and Medicaid's role in facilitating access to treatment, KFF. Accessed on 2/28/2025 <https://www.kff.org/medicaid/issue-brief/the-opioid-epidemic-and-medicaids-role-in-facilitating-access-to-treatment/>

ⁱⁱⁱ U.S. Department of Health and Human Services, Office of Inspector General. (2024, September 18). *Medicare and Medicaid enrollees in many high-need areas may lack access to medications for opioid use disorder* (Report No. OEI-BL-23-00160). Accessed on 2/28/25 <https://oig.hhs.gov/reports/all/2024/medicare-and-medicare-enrollees-in-many-high-need-areas-may-lack-access-to-medications-for-opioid-use-disorder/>