



2024 Advocacy Impact Report

A National Response to a Deadly Crisis: Supporting Full-Spectrum Addiction Care



The American Society of Addiction Medicine's (ASAM) **2024 Advocacy Impact Report** outlines comprehensive efforts on both the national and state level to advance policies and legislation to help treat addiction and save lives. Actions taken include:

- Hosting the 2024 Addiction Medicine Advocacy Conference (AMAC), which **convened more than one hundred addiction medicine experts on Capitol Hill to meet with 155 offices** and advocate for lifesaving addiction medicine legislation.
- Conducting a robust letter-writing campaign to Congressional leadership that addressed a range of addiction policy issues.
- Co-organizing a standing-room only Congressional briefing to raise awareness of lacking Medicare coverage for residential addiction treatment programs.
- Releasing **three new public policy statements** that focus on evolving topics in addiction medicine, including medical ethics and the role of pharmacists in care teams.

These actions and the resulting policy successes advance ASAM's vision of a future when addiction prevention, treatment, remission, and recovery are accessible to all.

Results-Driven Advocacy

In 2024, ASAM successfully:

Raised awareness of dangerous gaps in Medicare coverage for substance use disorder (SUD) treatment, leading to the introduction of the Residential Recovery for Seniors Act

Many seniors living with SUD may benefit from residential treatment programs, but this critical level of care is currently not covered by Medicare.

- On February 15, 2024, ASAM partnered with the Legal Action Center (LAC), the National Council for Mental Wellbeing, the Illinois Association for Behavioral Health, and the National Association of Social Workers to host a standing-room only Congressional briefing that highlighted the need to close this and other coverage gaps.

- ASAM leadership took to the media to stress the necessity of these programs:



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These treatment facilities are for patients recovering from addiction who need 24-hour support but don't need the resources of a hospital. What they need is someone trained to be able to help them work through a very critical time in their recovery. **When somebody needs that and we don't have that, we have failed them."**

Dr. Corey Waller, Editor-in-Chief of *The ASAM Criteria*



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These coverage gaps stand in stark contrast to what is generally covered under Medicaid. **All state Medicaid programs cover community-based substance use disorder treatment facilities, and at least 38 states and the District of Columbia cover at least one level of residential substance use disorder treatment."**

Dr. Brian Hurley, President of ASAM & Paul N. Samuels, Director and President of the Legal Action Center

- On August 8, 2024, [ASAM applauded the introduction of the Residential Recovery for Seniors Act \(H.R. 9232 / S. 4860\)](#) which would close this gap by creating a new Medicare Part A benefit for non-hospital-based residential addiction treatment programs that meet nationally recognized standards.

Advocated for an extension of telemedicine prescribing flexibilities for lifesaving addiction medicines

A critical lifeline for patients — a DEA rule allowing physicians and other prescribers to initiate telemedicine prescriptions of Schedule III-V medications for the treatment of SUD — was originally set to expire in December 2024. To preserve this important flexibility, ASAM urged both Congress and the administration to use their respective powers to make this authority permanent.

- At AMAC 2024, ASAM advocated for the passage of [The Telehealth Response for E-prescribing Addiction Therapy Services \(TREATS\) Act \(H.R. 5163 / S. 3193\)](#), which would make permanent existing telehealth evaluation exceptions to the Ryan Haight Act's in-person exam requirement for initiating Schedule III-V medications approved for the treatment of SUD, including buprenorphine. In 2024, the bill gained six new co-sponsors in the Senate and 26 in the House of Representatives.
- Following AMAC, [ASAM applauded a bipartisan letter led by Reps. Annie Kuster and Carol Miller urging the Biden administration to finalize a rule preserving this flexibility.](#)
- In November 2024, the administration issued a third temporary extension of this flexibility, allowing physicians to continue initiating buprenorphine via telemedicine through 2025. While a short-term win, [ASAM continues to call for more decisive and permanent action to save lives.](#)

Accelerated national conversations around the need to expand patient access to evidence-based treatments for opioid use disorder (OUD), including methadone

As high-potency synthetic opioids like fentanyl continue to flood the illicit market, expanded access to methadone, the only full-agonist opioid for the treatment of OUD, could help many patients. Unfortunately, outdated federal restrictions limit outpatient methadone dispensing to just 2,100 federally certified opioid treatment programs (OTPs), creating a major barrier for patients who must travel a significant distance to access their nearest program.

- ASAM advocated for the passage of the [Modernizing Opioid Treatment Access Act \(MOTAA\) \(H.R. 1359 / S. 644\)](#), which would permit addiction specialist physicians to prescribe methadone for OUD and allow patients to pick it up at a local pharmacy. ASAM also organized a digital campaign in support of MOTAA that sent over 1,800 messages to Members of Congress. In 2024, the bill gained two new co-sponsors in the Senate and 34 in the House of Representatives.
- To educate lawmakers, ASAM developed a [comprehensive methadone for OUD policy guide](#).
- In March 2024, ASAM [co-led a coalition letter](#) imploring Congress to pass the [SUPPORT for Patients and Communities Reauthorization Act \(S. 3394\)](#) and MOTAA.
- In November, [ASAM co-led a second coalition letter that united more than 125 organizations and called upon Senate and House leadership to pass MOTAA](#). Read news coverage [here](#).
- Across op-eds and news stories, ASAM members continued to underscore the importance of MOTAA and the SUPPORT Reauthorization Act to address the opioid overdose crisis.



With Opioid Deaths Soaring, Biden Administration Will Widen Access to Methadone

"Now it is time for Congress to act [to] allow addiction specialist physicians to prescribe methadone...that can be dispensed from a local pharmacy."

ASAM President Dr. Brian Hurley



Opinion: Science-Based Addiction Treatment in Kentucky and the Nation Must Drive Our Policies

"...methadone may be needed for patients who don't respond well to buprenorphine. Yet, physicians, even those who are experts in treating addiction, are not always trusted to make appropriate clinical decisions when it comes to these medications."

ASAM Member Dr. Michelle Lofwall



Rule Allows More People with OUD to Take Methadone at Home

"Methadone should be prescribable through community pharmacies if the prescribing clinician is a board-certified physician specialist — a board-certified addiction medicine physician or an addiction psychiatrist."

ASAM President Dr. Brian Hurley



Methadone Treatment Gets First Major Update in Over 20 Years

"Given SAMHSA's decision to allow non-physician, OTP practitioners to make clinical determinations as to which patients can safely handle take-home methadone doses, certainly Congress can now allow board certified physicians in addiction medicine and addiction psychiatry to do the same."

ASAM President Dr. Brian Hurley

Opinion: Addiction and Overdoses are Rampant. Louisiana Leaders in Washington Can Help

“Passing the Support for Patients and Communities Reauthorization Act will reauthorize important funding for community-based treatment and recovery programs. While Congress fortunately passed Medicaid provisions that will improve access to certain types of addiction treatment earlier this year, Congress failed to reauthorize key programs like the comprehensive opioid recovery centers program and a national loan repayment program that assists medical professionals pursuing full-time jobs in addiction treatment.”

ASAM Member Dr. Ken Roy

Additional highlights from ASAM's 2024 advocacy portfolio include:

Successfully urging HHS to change Medicare's custody definition, thereby expanding access to care

- In November 2024, Medicare narrowed the in-custody exclusion that limits coverage for certain individuals, [a move previously called for by ASAM](#).

Improving access to, and coverage of, SUD treatment

- [ASAM welcomed CMS' proposals addressing Medicare Advantage network requirements for mental health \(MH\) and SUD services](#).
- ASAM provided [comments](#) to CMS on actions to improve access to SUD treatment, including recommended revisions to proposed digital MH treatment codes.
- ASAM [applauded](#) Congress for passing Medicaid measures including requiring state programs to cover all forms of medications for the treatment of OUD and behavioral therapy and prohibiting States from terminating Medicaid enrollment based on incarceration, beginning January 1, 2026.
- In April 2024, SAMHSA's [final rule](#) allowing for extended take-home supplies of methadone and other key OTP reforms went into effect. [ASAM previously submitted comments on the initial proposed rule](#) outlining areas of support and key recommendations.
- In November 2024, the US Departments of Health and Human Services, Labor, and Treasury's [final rules](#) on requirements related to the Mental Health and Addiction Parity Act went into effect. [ASAM previously submitted comments on the initial proposed rules](#).
- In partnership with fellow healthcare stakeholder groups, [ASAM signed onto a letter](#) urging the Biden administration to end the \$75 maximum restriction in certain federal grant programs on patient incentives for contingency management (CM).

Allowing appropriate sharing of SUD patient records

- ASAM [welcomed](#) a final rule promoting partial alignment between Part 2 and the Health Insurance Portability and Accountability Act (HIPAA) while maintaining critical privacy protections.

Calling for the elimination of menthol cigarettes and flavored cigars

- ASAM and partners implored the Biden administration to finalize federal rules to eliminate menthol cigarettes and flavored cigars.

Combatting delays and denials of buprenorphine prescriptions

- ASAM joined a letter to the Biden administration that highlighted buprenorphine dispensing issues and requested that suspicious order reporting requirements not be enforced against this medication.
- ASAM commented on and endorsed The Pharmacy Access to Resources and Medication for Opioid Use Disorder (PhARM-OUD) Guideline, which is designed to help pharmacists navigate a complex set of regulatory and clinical barriers to buprenorphine access.
- ASAM endorsed the **Broadening Utilization of Proven and Effective Treatment for Recovery Act (H.R. 9886 / S.5271) or the BUPE for Recovery Act**, which would require the Administrator of the DEA to exempt buprenorphine from the suspicious orders report system during the nationwide opioid public health emergency.
- ASAM participated in national stakeholder meetings which led to the FDA recommending a change to the label for buprenorphine products approved to treat OUD.

Expanding access for special patient populations

- ASAM celebrated new HRSA guidance allowing FQHCs to treat incarcerated individuals up to 90 days before release but urged HRSA to apply this guidance to pre-trial detainees as well, which was reflected in the final guidance. In coalition, ASAM supported the **Reentry Act (H.R. 2400 / S. 1165)** and **Due Process Continuity of Care Act (H.R. 3074 / S. 971)** which aim to expand SUD treatment access for incarcerated individuals.
 - On a state level, support for transitional healthcare services continued. Sixteen states have approved waivers allowing Medicaid funds to be used to provide care for individuals exiting jail or prison soon (including North Carolina, West Virginia, Michigan, Arizona, and Pennsylvania as of December 2024).

Rescheduling low-potency marijuana

- ASAM submitted comments to the DEA's proposed marijuana rescheduling effort, highlighting support for rescheduling low-potency marijuana alongside the need to maintain the current schedule of high-potency versions.

State Advocacy Wins

Illinois

On August 9, 2024, Governor JB Pritzker signed **H.B. 5041 / S.B. 3136** into law. This legislation, which was **strongly supported** by the Illinois Society of Addiction Medicine (ILSAM), removes punitive policies impacting pregnant and parenting people with SUD, promotes evidence-based care, and serves as a guide in the creation of family recovery plans to coordinate services for pregnant, peripartum, postpartum people and their families.

Louisiana

On May 28, 2024, Governor Jeff Landry signed **S.B. 190** into law. This legislation was **supported** by the Louisiana Society of Addiction Medicine (LSAM) and raises Medicaid reimbursement rates for physician services, including SUD treatment.

Colorado

This year, Governor Jared Polis signed the following four priority bills into law, which were all supported by the Colorado Society of Addiction Medicine (COSAM):

- **S.B. 24-047 and S.B. 24-048**, which provides funds to enhance various prevention measures and programs for individuals in recovery.
- **H.B. 24-1037**, which strengthens harm reduction provisions in state law.
- **H.B. 24-1045**, which expands access to SUD treatment.

Oregon

On April 10, 2024, Governor Tina Kotek signed H.B. 4002 into law, which reinstated criminal penalties for drug possession and provided investments for enhancing treatment for addiction, including increased funding for the provision of OUD medications in jails and prisons. The Oregon Society of Addiction Medicine (ORSAM) **supported provisions of the legislation increasing investment in evidence-based treatment for addiction in Oregon**, while expressing concerns about reinstating criminal penalties for possession.

New Public Policy Statements

ASAM's public policy statements guide its advocacy work. In 2024, ASAM released three new statements that address evolving topics in addiction policy.



[Government Strategies to Foster Ethical Addiction Treatment](#)

This statement outlines policy recommendations that federal, state, or local governments can deploy to foster quality addiction treatment and overcome unethical practices.



[Medical Ethics in Addiction Medicine](#)

This set of recommendations expands upon the AMA's Principles and Code of Medical Ethics to guide ethical decision-making specific to the practice of addiction medicine.



[The Role of Pharmacists in Medications for Addiction Treatment](#)

This statement presents several policy recommendations to eliminate OUD medication barriers and empower pharmacists in their role as a collaborator in treating OUD.

Advocacy Amplified

Media

ASAM's advocacy agenda gained national attention throughout 2024. In news stories and op-eds, ASAM leadership and members shared stories from the frontlines of the addiction and overdose crisis, illuminating the need for meaningful policy reforms to empower care teams to treat addiction and save lives.



Medicaid Limits Access to Life-Saving Doses of Addiction Care

"For these individuals, you need to have an appropriate dose, and if they don't have an appropriate dose, they actually do not have opioid overdose protection, and they're more likely to have what you might call an unsuccessful treatment with buprenorphine."

ASAM Member Dr. Melissa Weimer



AMA's House of Delegates Says Yes to Drug Decriminalization

"There is, in fact, evidence that decriminalization can have public health benefits if it is done correctly. We would suggest that we have yet to see it done correctly [in the U.S]."

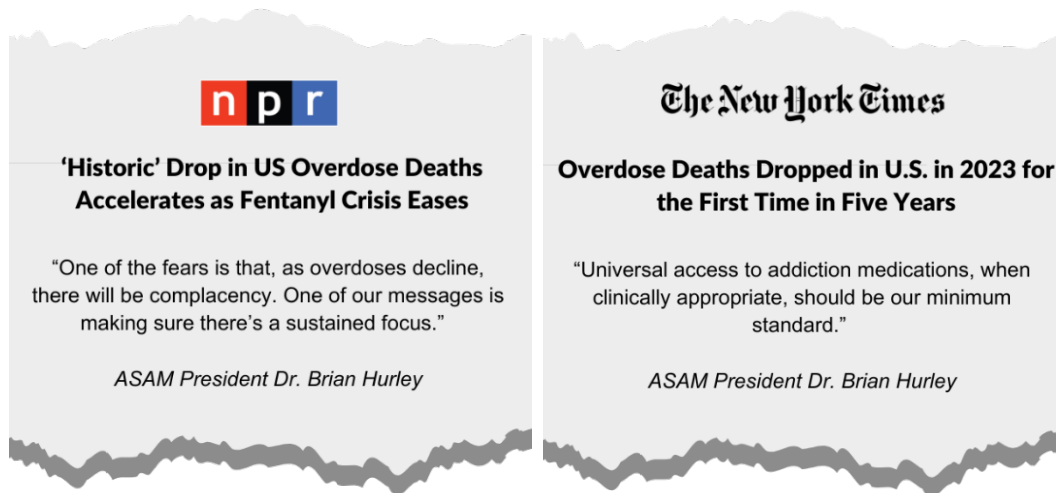
ASAM President-Elect Dr. Stephen Taylor



The Addiction Crisis is Even Worse Than Headlines Can Convey

"That overdose number is only looking at overdoses. It's not looking at the person who dies of bacterial endocarditis related to their drug and alcohol use."

ASAM Member Dr. Cara Poland



Addiction Medicine Advocacy Conference

In September 2024, ASAM brought its advocacy agenda directly to policymakers on Capitol Hill during its fourth [Addiction Medicine Advocacy Conference \(AMAC\)](#), hosted in partnership with the American College of Academic Addiction Medicine, the American College of Medical Toxicology, and the National Board for Certified Counselors. **The conference convened more than one hundred addiction medicine experts who met with 155 Congressional offices to advocate for three priority bills: [TREATS](#), [MOTAA](#), and [RRSA](#).**

Equipped for Advocacy

ASAM developed new learning materials to assist members in their advocacy efforts.

- [Fundamental Tips for Writing an Effective Op-Ed](#)
- [Ordering and Prescribing: Responsibilities and Liabilities On-Demand Webinar](#)

Looking Ahead: 2025

In late 2024, new data revealed a stunning decline in overdose related deaths. While a positive sign, it is far too early to declare victory when millions of Americans continue to struggle with SUD and risk overdose.

Furthermore, the addiction landscape continues to shift beneath our feet, with a highly unpredictable illicit drug market and policy environment that routinely presents new hurdles to providing effective addiction care.

To combat this deadly crisis and improve the quality of life for millions of Americans, ASAM remains dedicated to advancing policy reforms that will promote innovative solutions to overcome challenges in addiction treatment, empower patient-centered care to improve outcomes, and strengthen the entire continuum of care for all people living with addiction.



ASAM American Society of
Addiction Medicine

The American Society of Addiction Medicine (ASAM), founded in 1954, is a professional medical society representing over 7,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention and promoting the appropriate role of physicians in the care of patients with addiction.



ASAM.org/advocacy



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