



ASAM American Society of
Addiction Medicine

2025 Advocacy Impact Report

Resilient
advocacy to
advance
addiction
recovery.



Advocating for Addiction Medicine Clinicians, Patients, and Communities

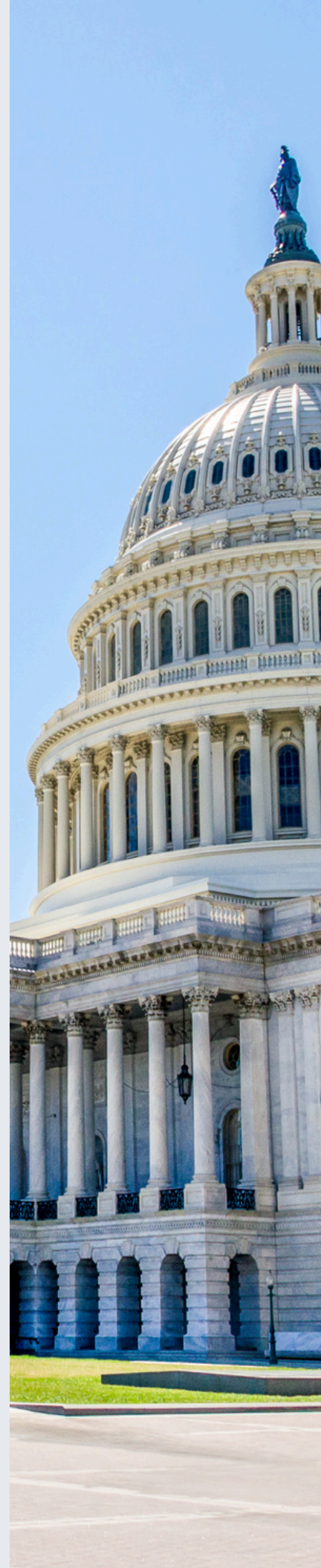
The 2025 Advocacy Impact Report offers a clear snapshot of ASAM's advocacy efforts throughout the year. ASAM achieved several key wins, including the long-awaited passage of *The SUPPORT Reauthorization Act*, which renewed numerous programs that aid addiction medicine clinicians on the front lines.

At the state level, chapters successfully advanced legislation to strengthen prevention and treatment initiatives.

This year also came with its share of challenges. Federal grant funding for addiction treatment programs was reduced. Medicaid, a frequent lifeline for patients with addiction, experienced setbacks with the passage of H.R. 1, which will significantly cut federal support for the program.

Despite the policy headwinds, ASAM dug in. Members reinforced the value of Medicaid in treating addiction, ultimately securing an exemption from onerous work reporting requirements for individuals with substance use disorder. In response to ongoing policy developments, ASAM continued to underscore the need for treatment-focused approaches to the overdose crisis. Members championed that message during meetings with lawmakers in DC.

2025 was a year of challenges, opportunities, and getting creative to notch wins. Read on for highlights throughout the year – and how ASAM is taking these lessons of resiliency into 2026.



Key Advocacy Highlights

Successfully advocated for the passage of *The SUPPORT for Patients and Communities Reauthorization Act*

Signed into law on December 1, this long-awaited bill contained several key provisions to strengthen addiction treatment in America, including:

- Reauthorization of the Health Resources and Services Administration's (HRSA) **Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR-LRP)**
- Reauthorization of the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Comprehensive Opioid Recovery Centers grant program**
- Expansion of **SAMHSA's Minority Fellowship Program** to include physicians specializing in addiction medicine

In 2026, ASAM will continue advocating for these programs and will call on Congress to fund them during the upcoming appropriations process. Another priority is ensuring SAMHSA has the staffing and resources to support clinicians on the front lines of this crisis.



These programs risk being reauthorized in name only if SAMHSA is not fully equipped to administer them.”

Statement from ASAM President Dr. Stephen Taylor



Secured permanent telemedicine flexibilities for buprenorphine treatment for opioid use disorder (OUD)

On December 31, 2025, the Drug Enforcement Administration (DEA) and the Department of Health and Human Services' (HHS) final rule, "Expansion of Buprenorphine Treatment via Telemedicine Encounter," went into effect, permanently preserving critical telemedicine initiation flexibilities for buprenorphine. Specifically, the rule allows for the prescribing of buprenorphine for the treatment of OUD via telemedicine encounters, including audio-only telemedicine encounters.

The final rule contained notable improvements from the original proposed rule, including several changes advocated for by ASAM, such as:

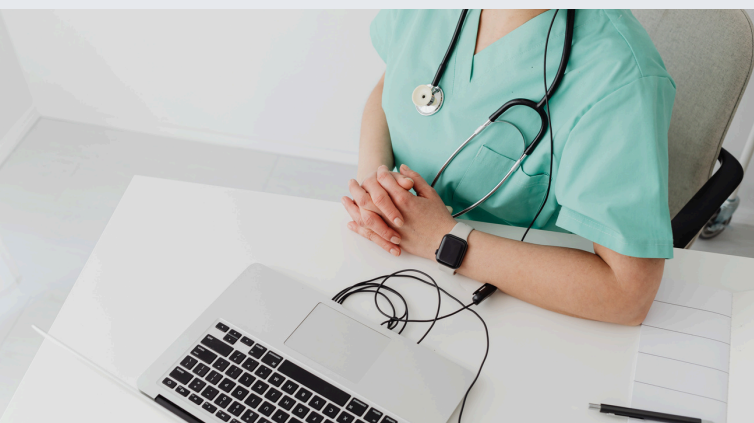
- Expanding the originally proposed initial 30-day prescription limitation to six months
- Removing the requirement for an in-person medical evaluation to issue additional prescriptions
- Introducing reasonable safeguards to protect against diversion, including requirements for remote prescribers to review the prescription drug monitoring program data of the patient's state
- Avoiding burdensome recordkeeping requirements

While this rule is in effect, the DEA and HHS concurrently issued a fourth temporary extension rule that preserves existing COVID-era telemedicine prescribing flexibilities through 2026, avoiding a telemedicine cliff in December 2025.



For people with OUD who are in a crisis and unable to physically reach a clinic, the ability to initiate buprenorphine for OUD via telemedicine can be lifesaving. This telemedicine flexibility has proven to be a vital tool for clinicians on the frontlines, and ASAM applauds the Administration's efforts to make this flexibility permanent."

ASAM Immediate Past President Dr. Brian Hurley
Medscape, March '25



Mitigating the harms of H.R. 1 on Medicaid expansion patients living with substance use disorder (SUD)

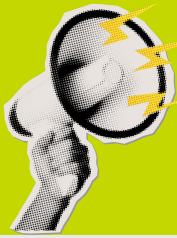
On July 4, the President signed the budget reconciliation bill, [H.R. 1](#), into law. Effective January 1, 2027, H.R. 1 requires adults aged 19-64 enrolled through Medicaid expansion to meet the new “community engagement” reporting requirements to maintain eligibility, with exemptions for “specified excluded individuals.”

ASAM advocated to ensure that individuals with SUD are exempt from onerous work reporting requirements and that SUD services are exempt from new cost-sharing mandates for Medicaid expansion beneficiaries. However, these protections are only meaningful if implemented generously and faithfully to the statutory text.

Following the enactment of H.R. 1, ASAM continues to advocate for appropriate implementation of these SUD exemptions to mitigate harm to the Medicaid expansion population.

Learn more about H.R. 1 [here](#). Read about ASAM's post-enactment advocacy [here](#) and [here](#).





Medicaid Matters

It's a key tool to connect individuals with treatment and reduce illicit substance use. In 2025, ASAM took this message to lawmakers through in-person advocacy and digital engagement, ultimately securing some protections for individuals with SUD.



Congressional Testimony

Dr. Malik Burnett, vice-chair of ASAM's Legislative and Public Policy Committee (LPPC), testified before the Senate Special Committee on Aging, urging lawmakers to prioritize strengthening demand-side interventions to address the opioid overdose epidemic. One clear message: Medicaid cuts hurt the fight against the addiction crisis.

[Read more](#)

Capitol Hill Briefings

ASAM participated in a Capitol Hill briefing to discuss sustainable funding for addiction treatment and the value of Medicaid and Medicaid expansion in connecting patients with evidence-based addiction care.

[Read more](#)

Contacting Members of Congress

ASAM issued several advocacy alerts to the addiction treatment community that resulted in hundreds of emails to members of Congress voicing concerns about the weakening of Medicaid and the harmful impact on patients with addiction.



Letter Writing Campaign

In a letter to Congressional leadership, ASAM asserted that the coverage for addiction treatment provided by Medicaid expansion is a lifeline for those on the path of recovery – and simultaneously undermines drug cartels' business models by decreasing demand for illicit drugs.

[Read more](#)

Continued Advocacy Actions

Championed policies to bolster access to addiction care

- Offered policy solutions to achieve the White House Office of National Drug Control Policy's goals of expanding access to addiction treatment.
- Gave HHS recommendations on how to approach addiction treatment through a chronic disease lens.
- Supplied comments with suggestions to fix burdensome regulations hindering addiction care, including waiving burdensome requirements that limit access to injectable buprenorphine for OUD.

Urged the administration to cut regulatory red tape impeding methadone treatment for OUD

- Led a coalition letter that called on the administration to cut red tape regulations prohibiting qualified practitioners from prescribing methadone for OUD and pharmacies from filling such prescriptions. Find the letter [here](#), and a one-page explainer [here](#).



Spoke out against actions that undermine public health approaches toward reducing the disease of addiction

- In coalition, ASAM has called for the protection of CDC-funded projects focused on reducing tobacco use, particularly among youth populations.

Supported policies to ensure the financial sustainability of the addiction treatment infrastructure

- Recommended updates to Medicare coverage of office-based treatment.
- Continued to advocate for improvements in Medicare coverage for the betterment of patients and their doctors.

3 New Public Policy Statements

ASAM released three new statements that provide actionable policy recommendations to improve addiction care at the state and federal level.

Housing's Role in Addressing Substance Use and Facilitating Recovery

For individuals with substance use disorder, housing represents a foundation for rebuilding their lives, accessing treatment, and reintegrating into the community. This statement recommends policies that promote housing stability and are important to recovery.

Ensuring the Financial Sustainability of Addiction Treatment Services in the United States

This public policy statement underscores the need for additional policy actions to ensure that the proper infrastructure is in place to support high-quality addiction treatment services in the right place, and at the right time.

Reducing Federal Bureaucratic Barriers to Methadone for Opioid Use Disorder and Empowering State Innovation

Stringent federal regulations contribute to the underutilization of methadone treatment (MT), a lifesaving treatment for opioid use disorder. To improve access, this statement recommends reducing federal bureaucratic barriers to MT, allowing states to design their own safe and effective models to meet the needs of their patient populations.

Educational Policy Briefs

ASAM also developed six new Policy Rounds. Each provides a high-level overview of timely topics in addiction policy, including involuntary civil commitment, psychedelics, and more.



State Advocacy Wins

Colorado

The Colorado Society of Addiction Medicine (COSAM) advocated for three key bills that were signed into law. These bills aim to:

- **Strengthen parity requirements** in state law and ensure that evidence-based treatment for substance use disorder is covered by insurance.
- **Expand access to naloxone** in schools.
- **Expand access to naloxone on school buses** and alongside automated external defibrillators.

COSAM also successfully opposed legislation that would enhance criminal penalties for the possession of any amount of synthetic opioids, arguing that it would harm vulnerable populations. The bill failed to advance out of committee.

Idaho

The Idaho Society of Addiction Medicine (IDSAM) strongly opposed legislation to reverse a voter-approved ballot initiative to expand Medicaid in the state.

IDSAM argued that it would negatively impact people with addiction in Idaho who depend on Medicaid. The legislature ultimately rejected this legislation but did approve work requirements for Medicaid recipients.

Kentucky

The Kentucky Society of Addiction Medicine (KYSAM) continued to push back against a flawed proposed buprenorphine regulation, which would limit access for patients in need and dissuade clinicians from offering this life-saving medication. KYSAM led a coalition urging an administrative review committee to reject the proposal as deficient. To date, the regulation has not been formally approved. KYSAM plans to advance a legislative solution in 2026.

Nevada

The Nevada Society of Addiction Medicine scored a key win with the passage of legislation to raise Medicaid reimbursement rates for medications for opioid use disorder (MOUD).

Tennessee

The Tennessee Society of Addiction Medicine successfully advocated for legislation **to expand the number of practitioners who can prescribe buprenorphine in correctional facilities.**

Addiction Medicine Advocacy Conference

ASAM brought the voice of addiction medicine to Capitol Hill as part of its annual Addiction Medicine Advocacy Conference (AMAC), hosted in partnership with the American College of Academic Addiction Medicine and the American College of Medical Toxicology. Nearly 100 addiction medicine experts met with lawmakers to advocate for policies to advance addiction recovery, including:

- **The Modernizing Opioid Treatment Access Act (MOTAA):** MOTAA would allow board-certified addiction specialist physicians to prescribe methadone for OUD treatment that can be picked up by a patient at community pharmacies.
- **Residential Recovery for Seniors Act (RRSA):** RRSA would create a Medicare Part A benefit for residential addiction treatment programs that meet nationally recognized standards, categorized as Level 3.1: Clinically Managed Low-intensity Residential Treatment; Level 3.5: Clinically Managed High-intensity Residential Treatment, and/or Level 3.7: Medically Managed Residential Treatment.



This has been a good experience for me to see how things can be better.”

AMAC Attendee Dr. Cate Heil

35
states

149
meetings

2
key bills

1
voice





AMA House of Delegates Meeting



Advocating for the Addiction Medicine Profession

ASAM's delegation to the American Medical Association's House of Delegates Meeting continued to advance important priorities for addiction specialist physicians.

At the June AMA Annual Meeting, the House passed ASAM's resolution that aims to reduce the risk of federal investigation or prosecution for physicians who are prescribing controlled substances. The resolution states that the AMA supports advocacy efforts that advance the adoption of a conjunctive standard in the context of "legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice" under the federal Controlled Substances Act and implementing regulations.

At the November AMA Interim Meeting, the House passed ASAM's resolution that urges the AMA to advocate for the removal of "red-flag" designations for FDA-approved products to treat opioid use disorder. It also calls for removing other barriers to medications for opioid use disorder, including prior authorizations.

ASAM remains committed to strengthening the voice of addiction medicine within the broader medical community. This is how we continue to advance and mainstream addiction care.

Advocacy Amplified

Defending Medicaid

“[Medicaid expansion] not only helps states pay for evidence-based addiction treatment ... but it also undermines the drug cartels' business model by reducing demand for illicit opioids.”

– ASAM Immediate Past President Dr. Hurley
NPR, April '25

“America is still in the middle of an incredibly deadly addiction and overdose crisis. Reducing federal support for Medicaid — the largest payer of mental health and substance use disorder treatment — would be a sign of retreat.”

– ASAM President Dr. Stephen Taylor
NPR, June '25

Pushing for residential treatment coverage and expanding access to methadone treatment for OUD

“Persistent Medicare coverage gaps and outdated prescribing restrictions on methadone for OUD still make it challenging for addiction specialist physicians to deliver quality addiction care to Americans in need.”

– Dr. Taylor
Behavioral Health Business, December '25

Ensuring the government remains focused on the addiction crisis

ASAM is “deeply concerned about the possible domino effects of SAMHSA's restructuring and its potential to deprioritize addiction care services nationwide.”

– Dr. Hurley
MedPage Today, April '25



“We’re still focused on what we’ve always been focused on, which is making sure that we can maximize and increase access to care for people who have substance use disorder.”

ASAM President Dr. Taylor

Forging Ahead in 2026

ASAM will keep this momentum going into 2026, with advocacy efforts focused on:

Mitigating the impact of H.R. 1 on Medicaid patients with SUD

Fighting for appropriate implementation of substance use disorder exemptions to prevent harms to the Medicaid expansion population.

Making Medicare cover residential addiction treatment

ASAM's efforts will focus on reintroducing the Residential Recovery for Seniors Act, which would help seniors access 24/7 residential treatment if deemed clinically appropriate.

Allowing addiction specialist physicians to prescribe methadone for the treatment of opioid use disorder

The ability to prescribe methadone treatment for OUD that a patient can pick up at a community pharmacy is a necessary step to modernize addiction care and continue combating the addiction crisis.

Reducing burdens on clinicians

Prior authorization and barriers at the pharmacy counter create persistent challenges for clinicians and the patients they care for. ASAM is committed to advocating for reforms to these roadblocks in order to reduce delays to lifesaving care.

The Addiction Medicine Advocacy Conference: Bringing it Home 2026

Join addiction treatment professionals from across the country for a hybrid advocacy experience designed to bring policy impact closer to home. The event will equip attendees with the tools, messaging, and confidence to engage with members of Congress and their staff in local district offices during the August 2026 recess. Through a virtual, expert-led skills training in July 2026 and state-based networking, attendees will gain everything they need to advance a national policy agenda that supports addiction treatment professionals as they care for patients and save lives at home.

Registration opens Spring 2026. Follow ASAM.org/AMAC for updates.