

2025 Mid-year Report: Trends in Addiction Medicine State Legislation



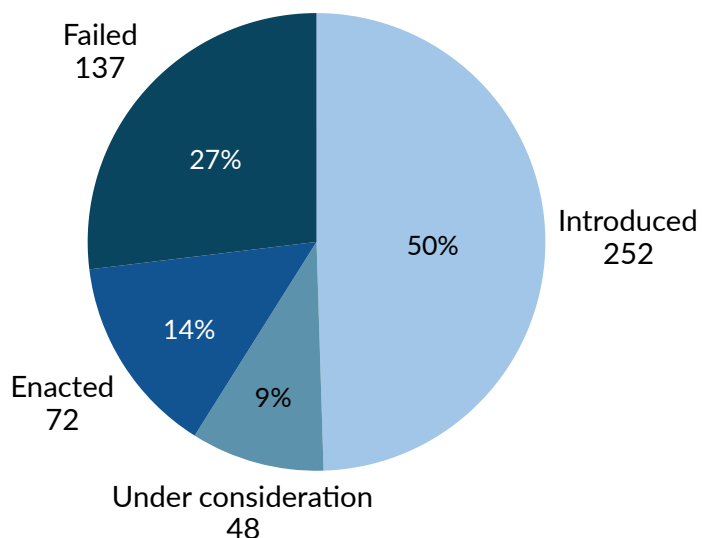
Summer is here—and the 2025 State Legislative Sessions have concluded in 35 states.

So far this year, ASAM has tracked **509 addiction medicine-related bills in 48 states** (ASAM tracked 725 addiction medicine bills in 2024). This report includes a detailed breakdown of the status of those bills and trending addiction-related issues across state legislatures.

Top Priorities for State Legislators in 2025

(1) Naloxone Access	(2) Parity and Prior Authorization	(3) Tobacco and Other Substances
<i>In 2024: Naloxone Access</i>	<i>In 2024: Harm Reduction</i>	<i>In 2024: Cannabis</i>

State Bills By the Numbers



"Enacted" bills were signed into law by the governor.

"Failed" bills were voted down in committee, vetoed by the governor, or otherwise failed to advance.

"Introduced" bills have not advanced out of committee or been called for a floor vote.

"Under consideration" bills passed at least one chamber.

Notable Legislative Wins for ASAM Chapters

The Colorado Society of Addiction Medicine (COSAM) continued its recent string of success by supporting legislation to strengthen mental health and substance use disorder (SUD) parity and increase access to naloxone in schools.

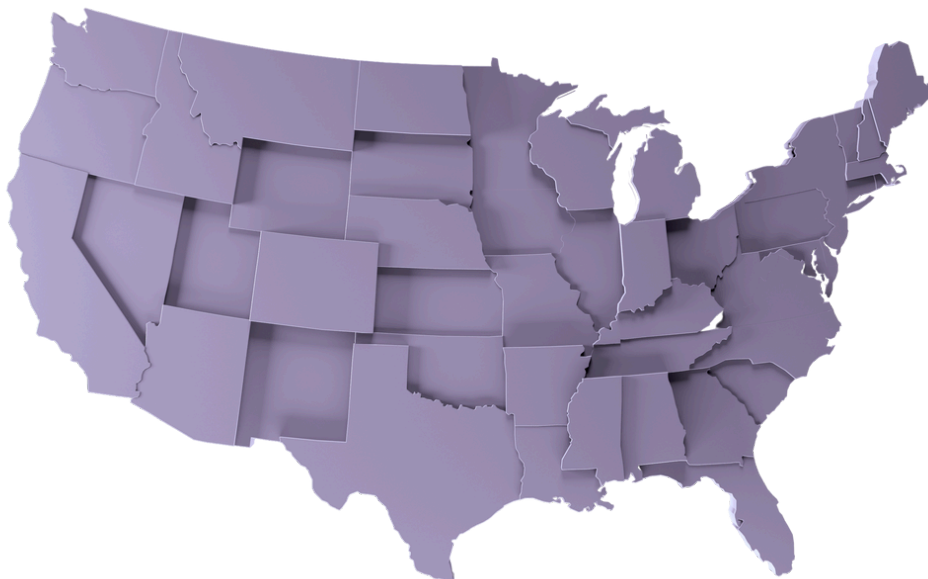
Additionally, COSAM successfully opposed legislation (SB 25-044) to **enhance criminal penalties for possession of any small amount of synthetic opioids like fentanyl**. In its opposition, COSAM noted that the bill has the potential to harm vulnerable populations more than it helps them.

Similarly, the Idaho Society of Addiction Medicine (IDSAM) successfully opposed legislation to **roll back Idaho's voter-approved Medicaid expansion**, though the legislature did approve work requirements for Medicaid recipients.

The Nevada Society of Addiction Medicine (NVSAM) successfully supported legislation to **raise Medicaid reimbursement rates** for medications for opioid use disorder (MOUD).

The Tennessee Society of Addiction Medicine (TNSAM) supported successful legislation that **expands the number of practitioners who can prescribe buprenorphine** for opioid use disorder (OUD).

Each of these legislative wins represents progress and is a testament to the hard work of ASAM members. However, the important work of ASAM state chapters to protect patients and expand access to evidence-based treatment for addiction will continue beyond the 2025 state legislative sessions.



Trending Issues in State Legislation

Naloxone Access

Same as 2023 and 2024, Naloxone Access was the top category of legislative activity in 2025, with a total of **76 bills introduced**.

In line with previous trends, state lawmakers across the country sought to increase access to naloxone, specifically in public spaces, and secure its distribution to high-risk populations. As noted previously, Colorado enacted two COSAM-supported bills to expand access to naloxone in high schools ([HB 25-1293](#)) and on school buses located with automated external defibrillators ([SB 25-164](#)).

Additionally, lawmakers in Rhode Island enacted two pieces of naloxone legislation. One bill ([HB 5273 / SB 343](#)) requires public beaches to maintain naloxone, while the other ([RI HB 5595 / SB 464](#)) requires universities to stock naloxone in dormitories. Further, Maine and South Dakota enacted bills to ensure availability of over-the-counter naloxone. In Virginia, lawmakers enacted two bills to enhance access to naloxone. One bill ([HB 1637 / SB 1035](#)) allows harm reduction organizations to distribute opioid antagonists beyond naloxone and the other ([SB 1257](#)) requires resident assistants within the student housing to receive training in naloxone administration.

Kansas lawmakers enacted legislation ([SB 193](#)) to exempt law enforcement agencies from statewide requirements for a medical director to distribute naloxone. Finally, Montana enacted legislation ([SB 503](#)) to allow for the use of expired opioid antagonists, while lawmakers in Nebraska expanded the state's definition of opioid overdose reversal medications to include other FDA-approved opioid antagonists ([LB 195](#)).

Parity, Prior Authorization, & Insurance Reform

In 2025, a total of **64 bills** were introduced seeking to incrementally reform insurance practices like prior authorization or enhance parity enforcement.

As noted above, Colorado lawmakers enacted major COSAM-backed legislation ([HB 25-1002](#)) to enhance parity enforcement and strengthen generally accepted standards of care under state law. Similarly, lawmakers in Washington state strengthened SUD parity laws and restricted utilization

management of outpatient services ([HB 1432](#)). Washington lawmakers also delayed ([SB 5361](#)) the implementation of the 4th edition ASAM Criteria by two years to ensure a smooth transition. Further, state lawmakers in Idaho updated administrative rules relating to SUD services, including defining the ASAM Criteria for patient placement decisions ([S 1024](#)). In Virginia, state lawmakers enacted legislation ([SB 1215](#)) to require health insurers to provide coverage of SUD benefits for children, adolescents, and adults, according to generally accepted standards of care.

On the prior authorization side, Nevada enacted legislation ([AB 463](#)) requiring state Medicaid and Children's Health Insurance Program (CHIP) to respond to prior authorization claims in two days. This legislation also prohibits Medicaid and CHIP from requiring prior authorization for certain types of medical care, including outpatient services for the treatment of SUD. Enacted legislation ([SB 1215](#)) in Virginia requires health insurers to include information about their prior authorization process on their public facing websites. Additionally, West Virginia lawmakers enacted a bill ([SB 833](#)) clarifying which medications are exempt from their prior authorization gold card program. Finally, state lawmakers in Vermont enacted major legislation ([S 30](#)) bolstering oversight of health insurers, including requiring coverage for FDA-approved medications for SUD and OUD.

Tobacco & Other Substances

Interest in regulating tobacco and other substances dramatically increased at the state level in 2025, with a total of **63 bills introduced**. Only nine bills in this category were tracked in 2024.

Specifically, lawmakers in Alabama enacted legislation ([HB 8](#)) implementing new restrictions on the retail sale of electronic nicotine delivery systems. In Maine, state lawmakers enacted legislation ([LD 1938](#)) increasing regulatory oversight of tobacco vending machines. Texas state lawmakers enacted legislation ([SB 2024](#)) restricting the sale of e-cigarettes designed to look like alternate products. Finally, in Virginia, state lawmakers ([HB 1946 / SB 1060](#)) enacted legislation to revise penalties for the possession and consumption of retail tobacco and hemp.

In terms of non-tobacco legislation, Louisiana lawmakers enacted legislation ([SB 154](#)) to criminalize the possession and sale of kratom. In South Carolina, lawmakers enacted legislation ([H 4030 / S 221](#)) regulating kratom, including prohibiting its sale to people under 21. Additionally, Texas enacted legislation ([SB 2308](#)) to create a pilot program for clinical trials with ibogaine to treat OUD and other co-occurring conditions.

Medicaid

Prior to the passage of Medicaid reforms in the *One Big Beautiful Bill Act* in July, several states took steps towards reform themselves.

In Nevada, state lawmakers enacted NVSAM-supported legislation ([SB 300](#)) to increase Medicaid reimbursement rates for MOUD. Further, Arkansas enacted legislation ([HB 1559](#)) requiring the state to pursue a federal 1115 waiver to expand coverage for inpatient SUD, including expanded access to medications for SUD. Additionally, Vermont enacted legislation ([S 36](#)) requiring state Medicaid to provide coverage for both low-intensity and high-intensity residential treatment for SUD.

There are also two notable state examples of lawmakers adding work requirements for Medicaid coverage. In Idaho, IDSAM successfully opposed legislation ([H 138](#)) to roll back the voter-approved Medicaid expansion. However, state lawmakers did enact legislation ([H 345](#)) to implement work requirements for certain adults. Similarly, lawmakers in Kentucky enacted legislation ([HB 695](#)) establishing work requirements for Medicaid recipients between 18- and 60-years-old without dependents.

MOUD & Licensure of Addiction Treatment Facilities

In 2025, state lawmakers took several actions relating to the availability of MOUD and licensure of addiction treatment facilities more broadly.

In Tennessee, state lawmakers enacted TNSAM-supported legislation ([HB 1239 / SB 421](#)) to expand the number of clinicians who can prescribe MOUD. Additionally, Maryland enacted legislation ([HB 1131](#)) allowing opioid settlement funds to assist counties in establishing training programs for paramedics to administer buprenorphine. Lawmakers in Utah enacted a package of legislation ([HB 199](#)) that includes provisions allowing opioid treatment programs to operate a mobile unit to provide MOUD.

On the regulation and licensure of addiction treatment programs, Arkansas enacted legislation ([HB 1677](#)) allowing alcohol and substance use treatment programs to maintain a stock of emergency medication kits. Florida enacted two bills in this area. One bill ([HB 1091](#)) contains provisions to streamline the certificate of need process for MOUD facilities, while the other bill ([SB 1620](#)) requires any treatment providers licensed by the state to adopt the Daily Living Activities-20 (DLA-20) functional assessment tool. Finally, Indiana lawmakers enacted a bill ([SB 473](#)) requiring random monthly drug tests for patients of opioid treatment programs who fail a drug test.

Cannabis

Finally, Cannabis Policy remains an area of significant interest to state lawmakers. Major cannabis reform legislation was introduced in states like Hawaii, Kansas, Kentucky, Indiana, Mississippi, North Carolina, Tennessee, and West Virginia. Serious efforts aimed at adult use legalization were advanced in New Hampshire, Pennsylvania, and Virginia but ultimately stalled due to disagreements over the details of program implementation. Notably, the governor of Idaho enacted legislation ([H 7](#)) to institute mandatory minimum penalties for cannabis possession.