

Committee: Western New York Chapter of Health-system Pharmacists  
Topic: Improving Access to Methadone Therapy for Adults Living in Long Term Care Facilities in New York State  
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## Improving Access to Methadone Therapy for Adults Living in Long Term Care Facilities in New York State

Whereas Opioid Use Disorder (OUD) remains a significant public health crisis in New York State (NYS) and nationally, affecting millions of adults and only about 25% of adults who need medication treatment for OUD receive it, leaving a large treatment gap contributing to substantial morbidity, mortality, and health care utilization;<sup>1</sup>

Whereas the prevalence of OUD among hospitalized patients requiring Post-Acute and Long-Term Care (PALTC) placement, either at a Nursing Home, Sub-acute Rehab, or Assisted Living Facility, continues to rise;<sup>2</sup>

Whereas substantial evidence demonstrates that pharmacologic treatment of OUD—including methadone maintenance therapy—significantly reduces all-cause and opioid-related mortality, relapse rates, illicit opioid use, and hospital readmissions, while improving treatment retention and overall health outcomes;<sup>3</sup>

Whereas, interruption or discontinuation of methadone therapy, particularly during transitions of care, is associated with markedly increased risk of opioid withdrawal, relapse, overdose, and death;<sup>4</sup>

Whereas, under federal regulation 21 CFR §1306.07, hospitals are permitted to administer and continue methadone for the treatment of OUD to patients without being registered as an Opioid Treatment Program (OTP), allowing for continuity of evidence-based OUD treatment during inpatient admissions;<sup>5</sup>

Whereas, NYS regulations governing Opioid Treatment Programs under 14 NYCRR 800.6 and oversight by the NYS Office of Addiction Services and Supports (OASAS) impose restrictions that often prevent LTC facilities from independently administering or continuing methadone therapy for OUD;<sup>6</sup> and

Whereas, these regulatory and logistical barriers frequently result in delayed hospital discharges, prolonged lengths of stay, fragmented continuity of care, and inequitable access to PALTC placement for patients receiving methadone therapy;

Therefore, be it Resolved, that the New York State Council of Health-system Pharmacists advocates for regulatory and legislative changes to allow PALTC facilities in NYS to accommodate and safely care for patients receiving methadone therapy for the treatment of OUD, including exemption from methadone dispensing and administration restrictions comparable to those afforded to hospitals, in order to ensure continuity of care, promote equitable access, and improve patient outcomes.

## References

1. Centers for Disease Control and Prevention. Receipt of medications for opioid use disorder among adults — United States, 2022. *MMWR Morb Mortal Wkly Rep.* 2023.
2. Marshall BDL, et al. County-level estimates of opioid use disorder prevalence in New York State using Bayesian evidence synthesis. *Am J Epidemiol.* 2023.
3. Sordo L, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ.* 2017;357:j1550.
4. Strang J, et al. Loss of tolerance and overdose mortality after inpatient opiate detoxification: follow-up study. *BMJ.* 2003;326:959–960.
5. 21 CFR §1306.07(b-d) — Administration of narcotic drugs to hospitalized patients for OUD
6. 14 NYCRR § 800.6 — Opioid Treatment Programs (New York State OASAS)