

# State office-based buprenorphine treatment laws: counseling, dosage, & visit frequency



Barbara Andraka-Christou, JD, PhD<sup>a</sup>, Olivia K. Golan, PhD, MHA<sup>b</sup>, Michelle Williams, BS, FRP<sup>c</sup>, Scott Buksbaum, BS<sup>d</sup>, Adam J. Gordon, MD, MPH, FACP, DFASAM<sup>e</sup>, Bradley D. Stein, PhD, MD<sup>f</sup>

<sup>a</sup>University of Central Florida; <sup>b</sup>NORC, University of Chicago; <sup>c</sup>Heebner, Baggett, Upchurch, & Garthe, PL; <sup>d</sup>William and Mary Law School; <sup>e</sup>University of Utah; <sup>f</sup>RAND Corporation

## INTRODUCTION

- Buprenorphine is lifesaving treatment for opioid use disorder (OUD)
- The waiver requirement and patient limits for office-based buprenorphine treatment (OBBT) were eliminated in 2023
- States can still regulate OBBT, including by imposing requirements for counseling, dosage, and/or provider visit frequency – none of which are required by federal law
- Few studies describe state variation in laws regulating OBBT

**Objective:** To identify laws in the 50 states or D.C. during that imposed counseling, dosage, and/or visit frequency requirements for OBBT in 2022

## METHODS

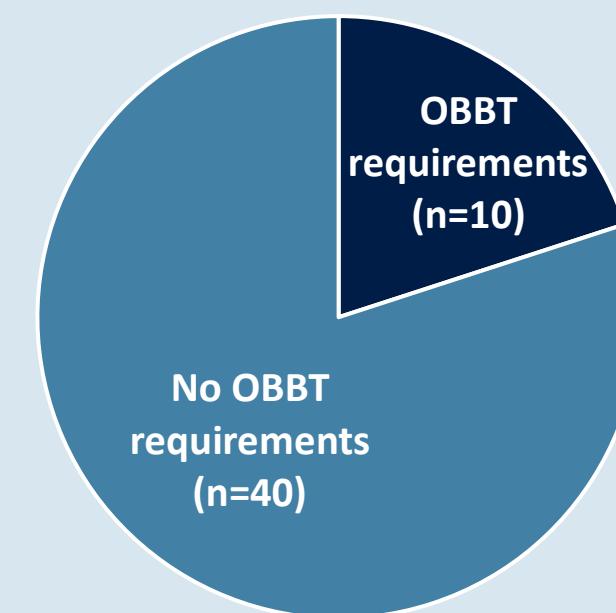
### Data collection

- 3 researcher independently used NexisUni legal software and search terms related to OBBT to collect state statutes and regulations from 51 jurisdictions (all U.S. states and D.C.) in effect between August 11<sup>th</sup> and November 20<sup>th</sup>, 2022
  - Excluded any laws unrelated to OBBT counseling, dosage, and/or frequency of visits
- Researchers then compared findings & negotiated discrepancies, supervised by an attorney

### Data analysis

- 3 researchers independently, deductively, coded state laws in Dedoose software for requirements related to counseling, dosage, and/or visit frequency requirements
- Researchers then compared findings and negotiated discrepancies, supervised by an attorney
- Coded data was then exported into tables and examined for trends across states.

## RESULTS



20% of jurisdictions in 2022 had OBBT counseling, dosage and/or frequency requirements

5/10 of these jurisdictions are among those with the highest overdose death rates per capita

### State variation

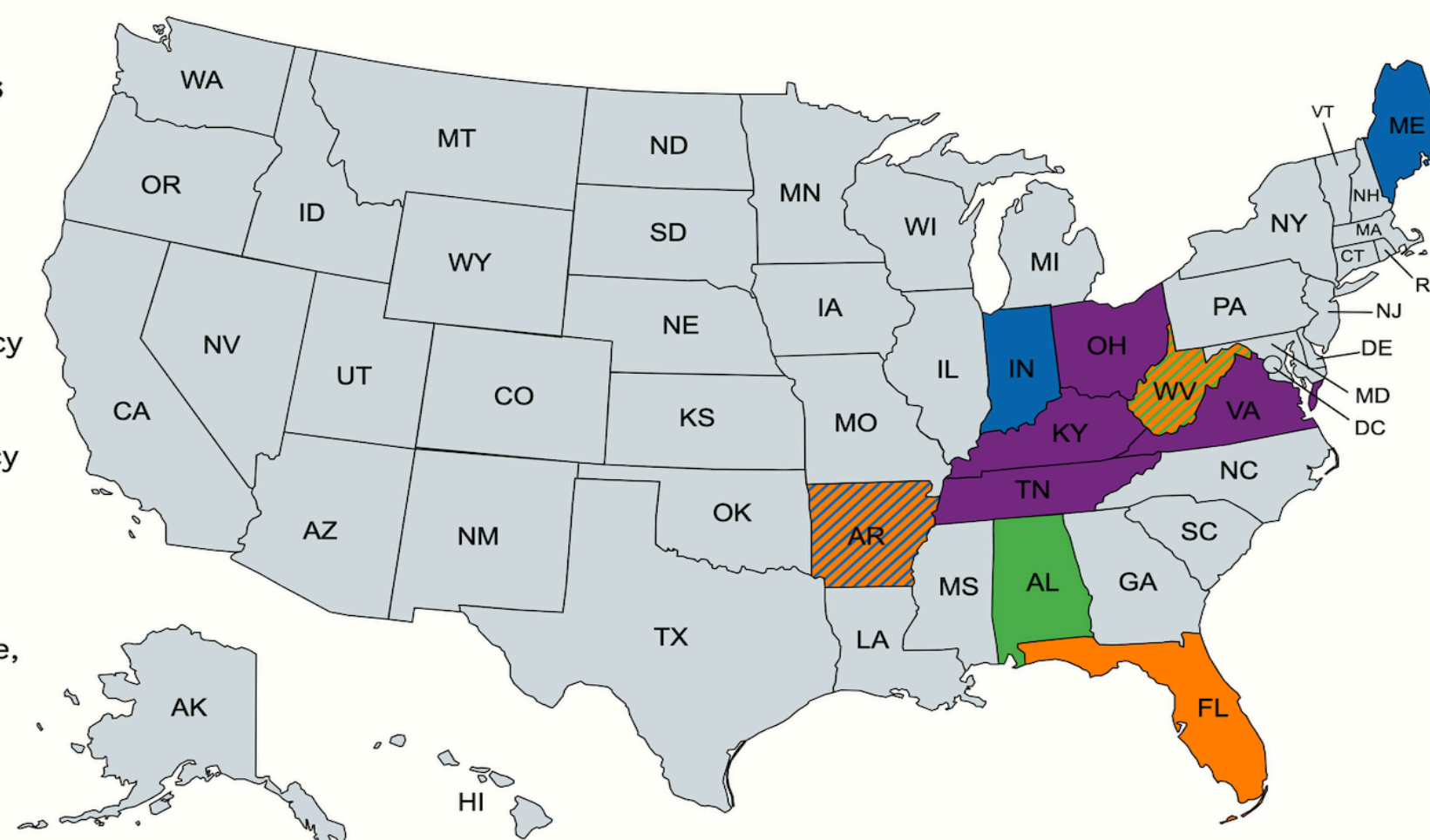
- Visit frequency requirements could depend on whether the patient was at the induction or maintenance stage of treatment.
- The types of providers to which the laws applied (e.g., physicians only nurse practitioners only).
- Laws may apply to Medicaid-funded providers only or to all providers regardless of payer.

### Number of jurisdictions with requirements

- 8 jurisdictions had counseling requirements for OBBT
- 6 jurisdictions had OBBT dosing-related laws
- 6 jurisdictions mandated a specific frequency of visits at OBBTs (e.g., weekly, biweekly, monthly)

### Distribution of OBBT Laws across U.S. States

- Counseling requirements
- Dosage-related requirements
- Visitation frequency requirements
- Counseling and visitation frequency requirements
- Counseling and dosage requirements
- Counseling, dosage, and frequency requirements



## CONCLUSION

- 1/5 of states have requirements that exceed federal requirements
- State OBBT policies were likely intended to enhance quality of care but could *unintentionally* disincentivize treatment initiation or prevent adequate dosages
  - Research suggests that higher dosage is better for buprenorphine retention; but some states cap the OBBT dosage
  - Evidence is mixed regarding effects on OUD outcomes of adding counseling to buprenorphine treatment
- Future research should examine effects of specific OBBT policies on buprenorphine treatment initiation and retention

### Limitations

- Excluded policies not present in state regulations or statutes
- Excluded laws that only apply once a certain patient threshold is reached (e.g., if a clinician has 30+ buprenorphine patients)

## DISCLOSURES

**Funding:** The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was supported by the NIH National Institute on Drug Abuse, Awards # R01DA045800 and P50DA046351, with principal investigator Dr. Bradley Stein from the RAND Corporation. Adam J. Gordon acknowledges support from NIH UG1DA04944.

## CONTACT

Barbara "Basia" Andraka-Christou: [Barbara.andraka@ucf.edu](mailto:Barbara.andraka@ucf.edu)

## REFERENCES

- <sup>1</sup>Andraka-Christou B, Gordon AJ, Bouskill K, et al. Toward a Typology of Office-based Buprenorphine Treatment Laws: Themes from a Review of State Laws. *J Addict Med.* May 18 2021;16(2):192-207. doi:10.1097/ADM.0000000000000863
- <sup>2</sup>Harrison JM, Kerber R, Andraka-Christou B, Sorbero M, Stein BD. State Policies and Buprenorphine Prescribing by Nurse Practitioners and Physician Assistants. *Medical Care Research and Review.* 2022:10775587221086489. doi:10.1177/10775587221086489
- <sup>3</sup>Stein B, Saloner B, Golan O, et al. Association of selected state policies and requirements for buprenorphine treatment with per capita months of treatment. *JAMA Health Forum.* 2023;Accepted and in press.

## ACKNOWLEDGEMENT

Thank you to Sarah Akil, BS, for assistance with poster design.