



46           **WHEREAS**, over 85.1% (over 56,400) of these individuals received treatment  
47 specifically for a drug-related problem<sup>9</sup>; but only 13,672 were receiving buprenorphine  
48 and 5,824 were receiving methadone as part of their substance use treatment<sup>9</sup>; and  
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50           **WHEREAS**, nationally, only 29% of adult residential addiction treatment  
51 programs offer the standard of care: opioid agonist therapy like buprenorphine as  
52 maintenance, and 21% actively discourage its use<sup>10 11</sup>; and  
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54           **WHEREAS**, only 24% of nation-wide and 34% of Midwestern adolescent  
55 residential addiction treatment facilities offer buprenorphine<sup>8</sup>, and  
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57           **WHEREAS**, Ohio’s Section 1115 waiver establishes a requirement that  
58 residential treatment providers offer MOUD on-site or facilitate access to MOUD off-  
59 site<sup>12</sup>; and  
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61           **WHEREAS**, this waiver does not specify that opioid agonist or partial agonist  
62 therapies like methadone, buprenorphine, or buprenorphine-naloxone are offered, and it  
63 is set to expire in September 2024; and therefore  
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65           **BE IT RESOLVED**, that our OSMA amend Policy 13 - 2022 as follows:  
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67           **Policy 13-2022 - Curbing Opioid-Related Deaths in Ohio through**  
68 **Medication-Assisted Treatment and Harm Reduction Services**

- 69           1. The Ohio State Medical Association (OSMA) advocates for the  
70 use of medication-assisted treatment, including but not limited to  
71 methadone or buprenorphine, and harm reduction methods  
72 without penalty when clinically appropriate.
- 73           2. The OSMA supports public awareness campaigns to increase  
74 education of evidence-based services for opioid addiction,  
75 including but not limited to medication-assisted treatment, harm  
76 reduction, and recovery services.
- 77           3. The OSMA supports existing and pilot programs for the  
78 distribution of fentanyl test strips in at-risk communities in Ohio.
- 79           4. The OSMA supports legislation prohibiting prior authorization  
80 requirements and other restrictions on use of evidence-based  
81 medications for opioid use disorder.
- 82           5. The OSMA supports research, policy, and education concerning  
83 the impacts of racism and classism on patient awareness of and  
84 access to substance use disorder treatment.
- 85           6. THE OSMA SUPPORTS LEGISLATION DIRECTING  
86 RESIDENTIAL TREATMENT PROVIDERS TO OFFER OPIOID  
87 AGONIST OR PARTIAL AGONIST THERAPIES, WITH  
88 ASSOCIATED TRAINED MEDICAL PERSONNEL, ON-SITE,  
89 OR TO FACILITATE ACCESS OFF-SITE.  
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92 **Fiscal Note:** \$ (Sponsor)  
93 \$ 500 (Staff)  
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- 134 14. AMA Policy: Support the Elimination of Barriers to Evidence-Based Treatment for Substance  
135 Use Disorders D-95.968

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138 OSMA Policy:

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140 **Policy 13-2022 - Curbing Opioid-Related Deaths in Ohio Through Medication-**  
141 **Assisted Treatment and Harm Reduction Services**

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1. The Ohio State Medical Association (OSMA) advocates for the use of medication-assisted treatment, including but not limited to methadone or buprenorphine, and harm reduction methods without penalty when clinically appropriate.
2. The OSMA supports public awareness campaigns to increase education of evidence-based services for opioid addiction, including but not limited to medication-assisted treatment, harm reduction, and recovery services.
3. The OSMA supports existing and pilot programs for the distribution of fentanyl test strips in at-risk communities in Ohio.
4. The OSMA supports legislation prohibiting prior authorization requirements and other restrictions on use of evidence-based medications for opioid use disorder.
5. The OSMA supports research, policy, and education concerning the impacts of racism and classism on patient awareness of and access to substance use disorder treatment.

**Policy 8 – 2023 - Reducing Barriers and Eliminating Disparities Surrounding Use of Medications for Opioid Use Disorder in Ohio**

OSMA Policy 13-2022 - curbing opioid-related deaths in Ohio through medication-assisted treatment and harm reduction services be amended to read as follows:

1. The Ohio State Medical Association (OSMA) advocates for the use of medication-assisted treatment, including but not limited to methadone or buprenorphine, and harm reduction methods without penalty when clinically appropriate.
2. The OSMA supports public awareness campaigns to increase education of evidence-based services for opioid addiction, including but not limited to medication-assisted treatment, harm reduction, and recovery services.
3. The OSMA supports existing and pilot programs for the distribution of fentanyl test strips in at-risk communities in Ohio.
4. THE OSMA SUPPORTS LEGISLATION PROHIBITING PRIOR AUTHORIZATION REQUIREMENTS AND OTHER RESTRICTIONS ON USE OF EVIDENCE-BASED MEDICATIONS FOR OPIOID USE DISORDER.
5. THE OSMA SUPPORTS RESEARCH, POLICY, AND EDUCATION CONCERNING THE IMPACTS OF RACISM AND CLASSISM ON PATIENT AWARENESS OF AND ACCESS TO SUBSTANCE USE DISORDER TREATMENT.