



## Opioid Treatment Programs

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# What is an Opioid Treatment Program

An Opioid Treatment Program (OTP) is a program specializing in serving clients with Opioid Use Disorder (OUD)

- OTP's primary role is medication along with counseling
- OTPs utilize three FDA approved medication for OUD:
  - Methadone
  - Buprenorphine products
  - Naltrexone
- OTPs have multiple regulatory bodies that oversee them:
  - State of MN
  - Drug Enforcement Administration
  - SAMSHA
  - An accreditation body (e.g. JCAHO, CARF)

# Opioid Treatment Programs (OTPs) in Minnesota

- Currently there are 18, State licensed and funded OTPs in MN.
  - 1 hospital based
  - 17 non-residential programs
- Serving 6,237 clients with a capacity of 7,512 (83% capacity) as of March 8, 2024
  - OTP capacity is updated weekly
- Minnesota maintains an OTP Central registry to prevent multiple simultaneous enrollments

# Summary of Federal changes in 42 CFR 8.12

- Effective April 2, 2024, must be implemented by October 2, 2024
- Minimum dose first day raised from 30mg-50mg
- Codify into federal law, COVID variances which reduces timeline for individuals to receive a greater number of take-home doses
- Removes requirement for two failed attempts at abstinence-based treatment before minors can be admitted to an OTP
- Telehealth allowance now permanent
- Aligns with ASAM terminology (e.g. Withdrawal Management vs Detox)

The OTP workgroup and report was a result of legislation that passed in 2023 and included

- 6 meetings
- Representatives from each OTP were invited

Discussions focused on five major areas:

- 1) Regulatory oversight
- 2) Increasing access to OTPs and improving quality of care
- 3) Geographic distance
- 4) Racial barriers
- 5) Justice involved clients

# Issues facing OTPs in Minnesota

- Incongruence of state and federal law
- Reimbursement rate
- Workforce shortage
  - Counselors
  - Medical staff
- Paperwork burden
- Lack of availability of methadone mobile units and remote dispensing site

# OTP Workgroup Recommendations

- Align state and federal regulations
- Increase the dose level or remove altogether the 150 mg/day methadone or 24 mg/day buprenorphine dose level requiring a practitioner and client face-to-face meeting.
- Revise documentation review and updates, basing them on clinical presentation rather verses a predetermined timeline

# OTP Workgroup Recommendations

- Remove the statutory requirement for a government-issued photo identification card in order to access OTP services
- Do not add new requirement for an OTP to enter client medications ordered by an OTP into the Prescriptions Drug Monitoring Program because this would further stigmatize people with opioid use disorder
- Permit OTPs to be eligible for alternate licensing inspections