AMDA- THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

RESOLUTION D24

SUBJECT: EXPAND ACCESS TO SKILLED NURSING FACILITY SERVICES FOR PATIENTS WITH OPIOID USE DISORDER (OUD).

INTRODUCED BY: TENNESSEE ASSOCIATION OF LONG TERM CARE PHYSICIANS & ILLINOIS SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

INTRODUCED ON:

WHEREAS, Opioid use disorder (OUD) in older adults is one of the fastest growing health problems that continues to go underrecognized and undertreated. There is an increasing number of older adults with a history of OUD or on medications for OUD (MOUD; i.e., methadone, buprenorphine, and naltrexone) who are hospitalized and require discharge to skilled nursing facilities (SNFs), but face disproportionate harms when they are not able to access SNF care;

AND WHEREAS, There is a pervasive practice of screening patients for admission to SNFs (i.e., 80% of referrals being denied and 40% of patients being denied SNF admission) leading to longer hospital lengths of stay awaiting disposition and discharge to self-care despite being recommended for SNF care. Care provisions in SNFs based on a patient’s history of OUD and being on MOUD leads to unnecessary and potentially unsafe changes, interruptions, and discontinuations of MOUD.

THEREFORE BE IT RESOLVED, that AMDA-The Society for Post-Acute and Long-Term Care Medicine, together with likeminded professional organizations, advocate for legislative and regulatory action ensuring patients cannot be denied admission to skilled nursing facilities based on blanket policies denying admission based solely on the diagnosis of opioid use disorder (OUD) or active medications for OUD (MOUD) use;

AND BE IT FURTHER RESOLVED, that AMDA-The Society for Post-Acute and Long-Term Care Medicine, advocates for and supports legislation and regulatory action for adequate reimbursement of skilled nursing facilities for the complexity of care and resources utilized for opioid use disorder (OUD) treatment;

AND BE IT FURTHER RESOLVED, that AMDA-The Society for Post-Acute and Long-Term Care Medicine, address barriers in the prescribing, dispensing, and administration of medications for opioid use disorder (MOUD) by skilled nursing facilities and long-term care associated pharmacies.
FISCAL NOTE: If passed by the House of Delegates and adopted as Society policy by the Board of Directors, the fiscal impact of this would be low, as it would be incorporated into AMDA’s existing and ongoing advocacy and coalition work.

RESOLUTION RESULTS: <FOR AMDA OFFICE ONLY>