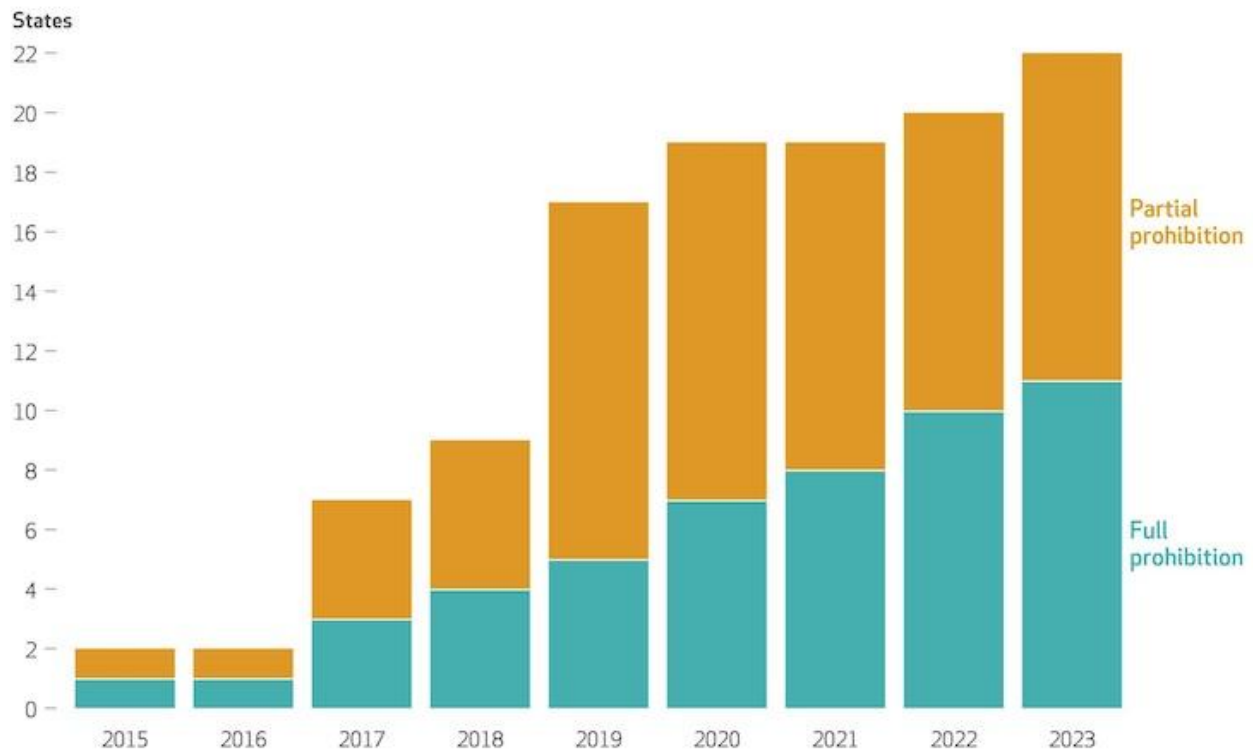


Study: More states eliminating insurance hurdles for opioid use disorder medications

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ayawn@tulane.edu

985-285-7689



As of 2023, 22 states have passed laws prohibiting private insurance plans from requiring prior authorization before prescribing certain medications for opioid use disorder, up from only two states in 2015.

A new study from Tulane University found that, over the past decade, more states have moved to make it easier for people with opioid use disorder to get potentially life-saving medication.

The study published in [Health Affairs](#) found that, as of 2023, 22 states have passed laws prohibiting private insurance plans from requiring prior authorization, a process that requires doctors to get insurer approval before prescribing certain medications for opioid use disorder. That's an increase from only two states in 2015.

“This signals a positive trend that states are taking legislative efforts to address the opioid crisis,” said lead author [Allison Ju-Chen Hu](#), assistant professor of health policy and management at the Celia Scott Weatherhead School of Public Health and Tropical Medicine at Tulane University. “Prior authorization is a major barrier to care and removing it helps patients start treatment faster.”

The study analyzed state laws from 2015 to 2023 and focused on private insurance since those with private coverage are more likely to encounter prior authorization than those enrolled in Medicare or Medicaid. More than one-third of people with opioid use disorder are covered by private insurance.

Medications for opioid use disorder include methadone, buprenorphine and naltrexone. If prior authorization is denied by an insurer, a doctor can still provide the medication, but the patient must pay out of pocket or go without treatment.

“Having coverage doesn’t necessarily guarantee access to needed medications,” Hu said.

While seven states fully banned prior authorization for all medications for opioid use disorder, 15 others enacted partial bans that still allow it in some cases, such as for specific drug types or prescription lengths. Four of those states — New York, Arkansas, Colorado and Missouri — later strengthened their laws to eliminate those restrictions.

Hu said the trend reflected growing awareness of the opioid crisis among both the public and state legislators, and that even partial prior authorization prohibitions can potentially serve as footholds for larger reform.

The study also found that eight states extended the scope of their prior authorization prohibitions to naloxone, a medication that reverses opioid overdoses.

Since 2023, naloxone has been available over the counter, though the out-of-pocket cost was much lower with insurance.

Approximately 80,000 Americans died from drug overdoses involving opioids in 2023. Hu hopes the findings of this legal analysis lay the groundwork for future studies evaluating the impact of prior authorization bans, insurer compliance, access to medications for opioid use disorder and treatment outcomes.

“With proper enforcement, patients in these states should face fewer delays and have an easier time getting the medications they need,” Hu said. “Future research should examine how well these laws are working in practice and whether they’re helping more people stay in treatment.”

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Allison Ju-Chen Hu