Whereas, The opioid epidemic has become a critical threat to public health in the U.S.\(^1\); and

Whereas, Hospitalizations have been rapidly increasing for opioid overdose and for infectious complications of injection drug use such as hepatitis C, HIV, and deep tissue bacterial infections, reaching 1.27 million emergency room and inpatient stays in 2014\(^2\); and

Whereas, Inpatient costs among those with opioid use disorder almost quadrupled to $15 billion between 2002 and 2012\(^3\); and

Whereas, There is a high risk of repeated hospitalization\(^4\) and overdose death following hospitalization due to loss of opioid tolerance\(^5\), but hospitals rarely address the underlying chronic disease of opioid use disorder\(^6,7\); and

Whereas, FDA-approved medications for treating opioid use disorder (buprenorphine, methadone and naltrexone) reduce illicit opioid use\(^1\); opioid agonist therapy (buprenorphine or methadone) reduces opioid overdose death by 50%\(^6\) in part by preventing loss of opioid tolerance; and buprenorphine provides further protection because of its high receptor affinity and ceiling effect on respiratory depression\(^8\); and

Whereas, Initiation of buprenorphine in the emergency department\(^9\) and inpatient setting\(^10\) and linkage to ongoing comprehensive treatment as an outpatient is an effective means for engaging patients and reducing illicit opioid use\(^11-13\), therefore be it

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RESOLVED, That our American Medical Association adopt a policy in favor of hospitals in the United States treating opioid use disorder with medications approved by the FDA for that purpose (buprenorphine, methadone and naltrexone) along with appropriate counseling (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for legislation, standards, policies and funding to support hospitals in the United States treating opioid use disorder with medications approved by the FDA for that purpose (buprenorphine, methadone and naltrexone) along with appropriate counseling (New HOD Policy); and be it further

RESOLVED, That our AMA work together with relevant organizations such as the American Hospital Association, The Joint Commission and the American Society of Addiction Medicine to develop and promote a model hospital policy that would assist hospitals in addressing opioid use disorder as a chronic disease by:

a) ensuring that medical and other clinical staff are educated about evidence-based treatment of opioid use disorder in order to appropriately advise and treat their patients,
b) providing patient education about and access to all three FDA-approved medications (buprenorphine, methadone and naltrexone) in emergency and inpatient settings, and buprenorphine and methadone in obstetric settings,
c) maintaining use of these medications for patients already on them,
d) initiating use of these medications for assenting patients affected by the disease,
e) establishing comprehensive discharge plans for ongoing medical and behavioral treatment in the community, and
f) participating in the development of community-wide systems of care for patients with opioid use disorder to facilitate discharge planning. (Directive to Take Action)

Fiscal Note: Not yet determined

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