Washington State Health Care Authority
Report to the Legislature

Rapid Methadone Induction Pilot Program

Preliminary Report

Engrossed Substitute Senate Bill 5950; Section 215(143); Chapter 376; Laws of 2024

December 9, 2025

Legislative summary

In the 2024 Supplemental Operating Budget, the legislature allocated $2,000,000 from the opioid abatement settlement account to the Health Care Authority (HCA) to implement a pilot program providing rapid methadone induction services to clients in inpatient hospital settings. This included $250,000 for the Washington Society of Addiction Medicine (WSAM) to provide technical assistance to participating hospitals. The legislature directed HCA to develop procedures to incorporate this service into Apple Health (Medicaid) and submit a report to the legislature. The report must provide the status of the project, identify the mechanism by which these services may be implemented statewide through Apple Health, and estimate associated costs.

Background

Early in the implementation of the pilot program, HCA recognized a significant unforeseen roadblock. United States Drug Enforcement Administration (DEA) rule 21 CFR 1306.07 restricts inpatient methadone induction services to patients who are admitted to the hospital for the treatment of a condition other than addiction. HCA worked with the DEA and the Substance Abuse and Mental Health Services Administration (SAMHSA) to determine what the maximum scope of the pilot program could be within federal regulations. This delayed program design and implementation. HCA has since collaborated with WSAM to design technical assistance and potential hospital contracts for realistic work to be completed in the current fiscal year.

> Code of Federal Regulations Title 21, Chapter II, Part 1306, Section 1306.07(c)
>
> This section is not intended to impose any limitations on a physician or authorized hospital staff to administer or dispense narcotic drugs in a hospital to maintain or detoxify a person **as an incidental adjunct** to medical or surgical treatment of conditions other than addiction, or to administer or dispense narcotic drugs to persons with intractable pain in which no relief or cure is possible or none has been found after reasonable efforts. [emphasis added]

HCA is recruiting hospitals to participate. Rapid methadone induction services are an emerging clinical practice, and many hospitals do not have a physician lead for this work. Others have legal and risk teams reviewing contract language and requirements.

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HCA will not separately contract with hospitals for patient care provided, because these services are already reimbursable under Apple Health. Contracts under this program will support:

- Developing and implementing policies and procedures for rapid methadone induction services.
- Providing clinical education and technical assistance to health care professionals working with patients who could benefit from that treatment plan.

HCA may not be able to spend the entire $2,000,000 appropriation in this proviso. Funding must be spent in fiscal year 2025, which ends in June 2025. HCA's ability to spend appropriated funding is limited by:

- The small number of interested hospitals.
- The relatively short duration of hospital contracts – only about 6 months remain in the fiscal year.
- Contracts will not include patient care costs already reimbursable under Apple Health.

Anticipated pilot program timeline

Date	Tasks
December 2024	WSAM under contract
January 2025	Hospitals under contract
February 2025 – June 2025	Hospitals, with the support of WSAM technical assistance and clinical education, formalize policies and protocols that support and standardize the provision of rapid methadone induction in the inpatient setting as an adjunct service for people being treated for other medical and surgical conditions
July 2025	HCA reviews and analyzes implementation reports from participating hospitals and technical assistance reports from WSAM
December 2025	HCA reports to the legislature

Key findings

Individuals who could benefit from methadone are often unable to tolerate the pace of outpatient titration to therapeutic doses particularly in the context of fentanyl where stabilizing doses are higher than they were for heroin. Inpatient admission is an opportunity to rapidly titrate methadone while in a highly monitored setting. Rapid methadone initiation may help retain patients in the hospital to complete care for their admitting diagnosis and provide a more supportive context for longer term methadone treatment. The proviso's intent is to increase access to rapid methadone induction services in Washington State. The primary barriers to increasing access fall into two categories: regulatory and clinical.

Regulatory barriers:

- Federal regulation 21 CFR 1306.07 prohibits admitting patients solely for the purpose of rapid methadone induction and prohibits the initiation of methadone for patients admitted to the hospital for the diagnosis of addiction or substance use disorder.

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- Hospital-based rapid methadone induction services are only appropriate for patients with access to receive methadone at a licensed and federally recognized Opioid Treatment Program (OTP) after discharge.

Clinical barriers:

- Providing medications for opioid use disorder (MOUD) and/or treating opioid withdrawal with either buprenorphine or methadone is not yet standard care for all admitted patients with Opioid Use Disorder (OUD), regardless of the use of rapid initiation protocols.
- Hospitals and health care systems do not always have formal policies or protocols in place that support inpatient MOUD initiation and/or rapid methadone induction protocols.
- Patients who could benefit from this service, i.e. those with OUD admitted for a different medical or surgical diagnosis, are being treated by hospitalists who do not have clinical experience with rapid methadone induction.
- Hospitals interested in participating are not always able to identify site-based physician leaders and champions for this work.

Rapid methadone induction services are included in a hospital's bundled payments and already incorporated into Apple Health payment structures. HCA has not identified the cost of rapid methadone induction services as a primary barrier to access.

- The provision of rapid methadone induction services as an incidental adjunct to the medical or surgical treatment of conditions other than addiction is reimbursed as a part of the existing hospital encounter/claim.
- No additional payment mechanisms or reimbursements are required.
- There are no significant additional costs for providing this service to patients admitted to the hospital who could benefit from it.

Project benefits for the care of people eligible for rapid methadone induction will likely come through hospital technical assistance and non-billable hospital needs. These benefits may include:

- Nurse and clinician coverage so staff can be trained to do this work safely.
- Workflow and electronic health record changes to support new clinical pathways.
- Anti-stigma and anti-discrimination training for staff implementing these protocols.
- For hospitals implementing this program for people with high-risk pregnancies, improved cross specialty collaboration and consultation, for example, across obstetrics and hospitalist services.

Key recommendations

HCA recommends:

- Integrating treatment for OUD and opioid withdrawal, including the provision of rapid methadone induction services, into standard care for people with OUD receiving treatment for other medical and surgical conditions in acute care hospital settings.

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- Providing WSAM-led opportunities for clinical education such as webinars, conferences, and office hour style Q and A sessions. These opportunities should be geared toward acute care providers.
- Supporting the UW Psychiatry Consultation Line (PCL) as the go-to resource for 24/7 addiction consultation for acute care hospitals, with WSAM technical assistance provided to the UW PCL as needed.

HCA does not recommend:

- Changes to Apple Health coverage for inpatient hospital stays.
- Amendments to the State Medicaid Plan.
- Financial incentives or additional reimbursement for providing treatment for OUD or opioid withdrawal during an acute care hospital encounter.

Next steps

HCA will recruit and enroll hospitals in the pilot program. HCA will submit a follow-up report in October 2025 summarizing successes, barriers to implementation, and identified gaps.

Contact

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