

4. KBML Responded to ARRS in the Past



Kentucky Board of Medical Licensure Newsletter

Fall 2008

Preston P. Nunnelley, M.D., President

KBML Guidelines Withdrawn

Acting on a request of the Kentucky General Assembly's Administrative Regulation Review Subcommittee (ARRS) the Board has agreed to withdraw all of its existing guidelines. Pursuant to the ARRS request, the Board will reissue these documents as Board opinions in accordance with statutes. Once these changes are made, the opinions will again be listed on the Board's website.

Access to Pain Medications Concern

What about the distressed patients with long standing legitimate chronic pain who, for one reason or another, find themselves without a willing physician to prescribe for their pain? This is an emerging problem that, in some way, the Board has contributed to.

1. KORE Says Buprenorphine Saves Lives



MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

MOUD saves lives. Methadone and buprenorphine reduce illicit drug use and fatal overdose by over 50%, as well as improve quality of life.

2. FSMB Calls for Lower Treatment Barriers



As compared to other treatment interventions, MOUD pharmaceuticals (e.g., **buprenorphine**) have **the strongest evidence for decreasing the risk of overdose.**

Policymakers at the state and local level have implemented – and are still implementing – changes to the laws that regulate the treatment of OUD. **Their efforts are generally centered on individualizing care, diminishing stigma and other barriers to treatment** and various harm reduction strategies, and integrating evidence-based OUD treatments **into standard medical practice.**

3. KBML Regulations Singled Out as a Barrier

International Journal of Drug Policy • May 2025

Health and Human Services new guidelines to the Kentucky Board of Medical Licensure. PWG members who were American Society of Addiction Medicine members and KYSAM leaders also attended a public meeting of the medical licensing board to voice support for the new federal guidelines and followed up with a written summary of desired language changes in Kentucky buprenorphine regulations to align with federal changes and published American Society of Addiction Medicine best practices. **However, the medical board did not update its regulations to align with the Health and Human Services' April 2021 guidelines. Thus, this remained a barrier to buprenorphine expansion, particularly linkage to buprenorphine treatment.** Given this barrier in Kentucky, the PWG conducted a nationwide study surveying other

Kentucky Drug Overdose Alert System

ESSENCE Drug Overdose Alert

Kentucky Department for Public Health Preparedness Region 13 and 14

For Public Dissemination

Date: 9/17/2025

Locations: Kentucky Department for Public Health Preparedness Region 13 and 14 Counties:

Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, and Woodford

Since September 11, 2025, 67 suspected nonfatal drug overdose emergency department visits have been reported by central Kentucky hospitals through ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics), which represents an unusually high number in this time period. ESSENCE data is used to monitor hospital emergency department visit counts to identify possible clusters of drug overdoses in Kentucky. As a result, people who use drugs in or around Kentucky Department for Public Health Preparedness Region 13 and 14 counties should take caution to protect themselves.

What You Can Do:

- Always keep naloxone on hand and administer it if you suspect an overdose. Fentanyl has been found in all types of unregulated drugs, so naloxone may help regardless of the drug taken.
 - Visit your Local Health Department to obtain naloxone and other harm reduction supplies. If you do not know where the closest Syringe Services Program (SSP) is, visit <https://www.chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx> for a current list of Kentucky SSPs and their hours of operation.
 - Naloxone distribution sites and/or by mail for those without local access: <https://findnaloxonenowky.org>
- Don't use drugs alone.
- If you or someone you know needs help with Substance Use Disorder, visit <https://findhelpnowky.org/ky> to search for available treatment and recovery options (or call 1-833-859-4357 during business hours, or 1-800-854-6813 after business hours).
- Check in on friends, family members, neighbors, and others to share this information.
- Call 911 if you suspect an overdose.



KORE

KENTUCKY OPIOID RESPONSE EFFORT



Governor's Office

Health and Family
Services

Justice & Public

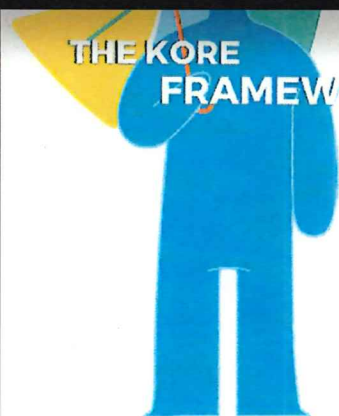
- Behavioral Health, D/D
- Public Health
- Medicaid
- Community-based
Services
- Inspector General

- Office of Drug Control

MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

MOUD saves lives. Methadone and buprenorphine reduce illicit drug use and fatal overdose by over 50%, as well as improve quality of life.

THE KORE FRAMEWORK



REDUCE HARM

BUILD PERSONAL, FAMILY, & COMMUNITY CAPITAL

Sept 2022

1





Position Statement on Access to Evidence-Based Treatment for Opioid Use Disorder

Adopted by FSMB House of Delegates, April 2024

The United States continues to grapple with the severity of a drug-related overdose and death epidemic, with overdose deaths rising to more than 107,000 in 2022.¹ Despite a decline in opioid analgesic prescriptions for 13 consecutive years, illicitly manufactured fentanyl, fentanyl analogs, stimulants and other substances are now the predominant contributors to this crisis.²

As compared to other treatment interventions, MOUD pharmaceuticals (e.g., buprenorphine) have the strongest evidence for decreasing the risk of overdose.

Policymakers at the state and local level have implemented – and are still implementing – changes to the laws that regulate the treatment of OUD. Their efforts are generally centered on individualizing care, diminishing stigma and other barriers to treatment and various harm reduction strategies, and integrating evidence-based OUD treatments into standard medical practice.

advances in research, law and policy have directly impacted the treatment of OUD. Policymakers at the state and local level have implemented – and are still implementing – changes to the laws that regulate the treatment of OUD. Their efforts are generally centered on individualizing care, diminishing stigma and other barriers to treatment and various harm reduction strategies, and integrating evidence-based OUD treatments into standard medical practice. These changes have occurred at the federal level, with requirements for ensuring access to MOUD the Federal Bureau of Prisons. Additionally, all Drug Enforcement Administration (DEA) registrants are now required to have a minimum amount of education related to substance use disorders (SUD). State-level policy changes have been implemented on multiple levels to enhance access to MOUD through, for example, removal of insurance prior authorization requirements, enforcement of mental health and substance use disorder parity laws, and other policy changes. State-level also exist related to dosage, counseling, and visit frequency for treatment. While it remains challenging for many individuals to access affordable, available OUD treatment, there is increasing acknowledgement by many stakeholders of the benefits of MOUD.



Research Paper

Identifying and responding to policy-related barriers, facilitators, and misunderstandings in the HEALing communities study: A community-driven approach

Anita Silwal^{a,b,*}, Robert Bohler^{c,d}, Timothy Hunt^e, Ramona G. Olvera^f, Michelle R. Lofwall^{g,h}, Christopher D. Cook^{h,i}, Katherine R. Marks^j, Carly Bridden^k, Patricia R. Freeman^{g,l}, Monica Nouvong^k, Laura C. Fanucchi^{g,m}, Nabila El-Bassel^e, Lisa A. Frazierⁿ, Sharon L. Walsh^{g,h}, Jeffery C. Talbert^{m,o}

^a School of Community Health Sciences, Counseling, and Counseling Psychology, Oklahoma State University, 441 Willard Hall, Stillwater, OK 74078, United States

^b Substance Use Priority Research Area (SUPRA), University of Kentucky, Lexington, KY, United States

^c Hann Ping Hui College of Public Health, Georgia Southern University, Statesboro, GA, United States

^d Heller School for Social Policy and Management, Brandeis University, Waltham, MA, United States

^e Social Intervention Group, School of Social Work, University of Kentucky, Lexington, KY, United States

best practices. However, the medical board did not update its regulations to align with the Health and Human Services' April 2021 guidelines. Thus, this remained a barrier to buprenorphine expansion

ARTICLE INFO

Keywords:

Policy

Opioid use disorder

Opioid education and naloxone distribution

Medication for opioid use disorder

HEALing communities study

ABSTRACT

Introduction: The HEALing (Helping to End Addiction Long-Term®) Communities Study opioid-involved overdose deaths across four states (Kentucky, Massachusetts, New York, and Washington). Community engaged implementation of three evidence based practices (EBPs): (1) opioid education and naloxone distribution, (2) medication for opioid use disorder expansion/linkage/referral, and (3) opioid prescribing and dispensing practices. A policy workgroup (PWG) was convened to identify and address policies potentially impacting EBP implementation.

Methods: A five-step method was developed to identify, track, and respond to relevant policies. Policies possibly impacting EBPs were reported, reviewed, and documented, including to address the policy issue. Policies were discussed with local, state, and federal level stakeholders to resolve barriers, clarify misunderstandings, and disseminate facilitators.

Results: A total of 87 (Kentucky = 27; Massachusetts = 10; New York = 21) policies



Kentucky Board of Medical Licensure Newsletter

Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222
Website: kbml.ky.gov

Fall 2008

Preston P. Nunnelley, M.D., President

Board Members

President

Preston P. Nunnelley, M.D.
Lexington

Vice President

KBML Guidelines Withdrawn

Acting on a request of the Kentucky General Assembly's Administrative Regulation Review Subcommittee (ARRS) the Board has agreed to withdraw all of its existing guidelines. Pursuant to the ARRS request, the Board will reissue these documents as Board opinions in accordance with statutes. Once these changes

KBML Guidelines Withdrawn

Acting on a request of the Kentucky General Assembly's Administrative Regulation Review Subcommittee (ARRS) the Board has agreed to withdraw all of its existing guidelines. Pursuant to the ARRS request, the Board will reissue these documents as Board opinions in accordance with statutes. Once these changes are made, the opinions will again be listed on the Board's website.

Brianna D. Legg
Georgetown

Thangam Rangaswamy, Ph.D.
Louisville

Ex-Officio Members

William D. Hacker, M.D.
Commissioner
Department for Public Health

Boyd R. Buser, D.O., Dean, Pikeville
College School of Osteopathic Medicine

Jay A. Perman, M.D., Dean, University of
Kentucky College of Medicine

Edward C. Halperin, M.D., Dean
University of Louisville School of Medicine

C. William Schmidt, Executive Director

The medical community needs to know the Board understands the challenges involved. Whether the challenges involve accepting new patients or continuing care with established patients, the Board wants the physicians to provide appropriate medical care for patients who have legitimate clinical pain.

It seems all too often the patient's physician will shift his or her responsibility to prescribe pain medications to the Pain Clinic. At times, the clinics seem to be overly cautious and, on occasion, may be too quick to dismiss the patient. Quite simply, a letter from a Pain Clinic back to the referring physician reassuring the physician that prescribing a controlled substance is appropriate would help alleviate the situation of the patient being left without access to relief.

The Board wants to encourage and reassure the medical community that it is appropriate and good compassionate practice to treat these patients. Physicians should understand that if they follow reasonable procedures consistent with the Board's opinion and appropriately note them in the patient's medical record, they will not be subject to undue criticism or disciplinary action. The prescribing doctors certainly have to do what they reasonably can do to prevent abuse and diversion. And yes, anyone may get fooled on occasion.