

**Glenn Wright, Manager, Substance Use Prevention and Treatment Initiative
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**Kentucky General Assembly Interim Joint Committee Health Services
Verbal Testimony
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Good morning, Co-Chair Meredith, Co-Chair Moser, and members of the Committee. My name is Glenn Wright and I am a Manager with The Pew Charitable Trusts (Pew). Pew has worked with policymakers here in Kentucky over the past several years to expand access to evidence-based treatment for substance use disorders (SUD), including bipartisan passage of SB 90 which helps divert people charged with qualifying non-violent crimes away from carceral settings and into evidence-based treatment. Thank you for the opportunity to testify this morning on the impact of the Commonwealth's current regulation of buprenorphine by the Kentucky Board of Medical Licensure (KBML). These regulations limit access to buprenorphine, a lifesaving medication used to treat opioid use disorder (OUD), in a way that does not reflect how other states regulate this medication or medical best practice. Taking action to remove these regulations will ensure that Kentuckians can access this important medication without unnecessary red tape or regulatory burden.

I'd like to make three key points on the importance of addressing these regulations:

- First, KBML's regulations are uniquely burdensome and make treating patients in Kentucky with buprenorphine less clinically effective. For example, these regulations restrict medication doses below a therapeutic level; require a rigid schedule of physician visits and drug testing frequency that can interfere with personal responsibilities such as employment and childcare; and mandate so-called "objective behavioral modification," which many care settings interpret to require counseling, despite research that buprenorphine alone is effective and that strict counseling requirements force individuals to choose between work and family obligations or staying in treatment.ⁱ
- Second, most states don't regulate buprenorphine separately from other controlled substances. Kentucky is one of 19 states that impose separate buprenorphine regulations, again creating unneeded treatment delays and regulatory burden.ⁱⁱ
- And third, even among states that do regulate buprenorphine separately from other controlled substances, KBML's regulations are uniquely restrictive. For example, Kentucky is one of only two states that regulates how often a practitioner prescribing buprenorphine must see a patient for the duration of their treatment, one of only two states that require providers to seek additional consultations before prescribing a maintenance dose of buprenorphine above a specified threshold, which in Kentucky is 16mg per day, and, Kentucky is one of only two states that restrict the duration of a buprenorphine prescription, without exception.ⁱⁱⁱ

Taking action to remove KBML's regulations on buprenorphine is an important step in removing unnecessary barriers to lifesaving medication for people with OUD in Kentucky. Thank you again for the opportunity to testify on this issue. I look forward to any questions you might have.

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- ⁱ Sarah Axteen et al., “Association of Daily Doses of Buprenorphine with Urgent Health Care Utilization,” *JAMA Network Open* 7, no. 9 (2024): e2435478-e78, <https://doi.org/10.1001/jamanetworkopen.2024.35478>. Emily G. Hichborn et al., “Patient Centered Medication Treatment for Opioid Use Disorder in Rural Vermont: A Qualitative Study,” *Addiction Science & Clinical Practice* 20, no. 1 (2025): 3, <https://doi.org/10.1186/s13722-024-00529-8>. R. Kathryn McHugh et al., “Behavioral Therapy as an Adjunct to Buprenorphine Treatment for Opioid Use Disorder: A Secondary Analysis of 4 Randomized Clinical Trials,” *JAMA Network Open* 8, no. 8 (2025): e2528529-e29, <https://doi.org/10.1001/jamanetworkopen.2025.28529>.
- ⁱⁱ “Buprenorphine Prescribing Requirements and Limitations,” Temple University Center for Public Health Law Research & Vital Strategies, LawAtlas.org, March 26, 2025, <https://doi.org/10.60541/snt6-m904>.
- ⁱⁱⁱ “Buprenorphine Prescribing Requirements and Limitations,” LawAtlas.org, Temple University Center for Public Health Law Research & Vital Strategies.