NYS ASSOCIATION FOR RURAL HEALTH

POLICY BRIEF

Abigail Duvall, MPH
SEPTEMBER 2025

Increasing Access to Opioid Treatment Through Mobile Medication Units in Rural New York

Research demonstrates that medications for opioid use disorder, specifically methadone, curb overdose and lead to positive health outcomes, yet it remains inaccessible to rural residents due to travel, stigma, and cost.[1]

Mobile medication units increase equitable access to treatment, but various administrative, financial, and sustainability challenges often prevent them from operating.

Policymakers can bridge this gap through a multi-pronged approach that includes modifying the DEA's return-to-home requirement, designating MMUs as an essential service, increasing and extending grant funding, and revising minimum service requirements for MMUs serving rural areas.

Scope of the Issue

Despite the disproportionate impact of the opioid epidemic on rural New Yorkers, only 23 of the State's 144 certified opioid treatment programs (OTPs) reside in rural counties.[2] In specific cases, patients without local access to an OTP may travel several hours daily to receive medication. To address reduced access to OTPs in rural areas, mobile medication units (MMUs) have been used nationwide to deliver treatment(s) for opioid use disorder to areas that lack essential services. Despite their use across 18 states, administrative requirements, underfunding, and sustainability challenges continue to negatively impact organizations desiring to operate and maintain an MMU.[3]

Background

Overdose deaths involving any opioid ballooned 400% from 2010-2022 in New York State.[4] While provisional data indicates rates are slowly declining, rural residents remain disproportionately and negatively impacted by the opioid epidemic, underscoring the urgent need to expand access to medication(s) for opioid use disorder (MOUD). MOUD includes Food and Drug Administration (FDA)-approved medications like methadone, buprenorphine, and naltrexone; despite their proven effectiveness in reducing overdose deaths due to opioids, less than 20% of individuals with opioid use disorder (OUD) receive medication.[5] In rural areas, this can largely be attributed to accessibility issues and travel barriers. MMUs, first approved in 1988, but faced a moratorium from 2007-2021, are a crucial solution, offering mobile methadone treatment in regions that have been

historically underserved. While the number of MMUs nationwide is growing–nearly 70 vehicles across 18 states–administrative hurdles, insufficient funding, and sustainability concerns continue to hinder their widespread implementation, with rural regions bearing the brunt of these challenges, particularly in rural areas.

Landscape

Mobile Medication Units (MMUs) operate within a complex regulatory framework primarily governed by the Drug Enforcement Agency (DEA), which dictates their registration, service areas, security, and record-keeping. Beyond federal oversight, MMUs must also adhere to state-specific mandates, such as New York's certificate of need and Office of Addiction Supports and Services (OASAS) certification requirements, and local zoning laws that vary by municipality. While the DEA regulates operations, it does not manage funding; MMUs are typically financed through diverse sources, including state and federal grants and opioid settlement funds. Key operational regulations impacting MMUs include (but are not limited to) the following: requirement that MMUs must return to its registered home location on a daily basis,[6] absence of guidance on the pre-approval of contingency plans for inclement weather or vehicular issues,[7] strict minimum service requirements, and requirement(s) for MMUs to comply with local zoning laws, which vary by municipality.[8]

Policy Recommendations

Listed below are four potential policy recommendations to reduce barriers to MMU implementation.

Recommendation #1: Increase and extend grant funding. While existing New York State grants provide one-time funding for MMU start-up costs, this structure is less effective for rural MMUs that struggle to achieve the patient volume necessary for long-term financial stability through insurance reimbursements. To create a more equitable system, OASAS could revise its Request for Proposals (RFPs) to offer multi-year grants or provide additional funding to applicants specifically serving rural areas. This would improve staff retention, facilitate necessary vehicular maintenance, and provide a more reliable financial foundation for rural programs.

Recommendation #2: Revise minimum service requirements for rural MMUs. According to language in New York State's most recent MMU grant, organizations must provide a range of minimum services, such as the face-to-face administration or dispensing of both methadone and buprenorphine, admission assessments and medication induction, including pre-admission services and screening, other medical services, and toxicology tests.[9] In 2024, a New York State OTP declined a $500,000 award to operate an MMU as a result of these mandates.[10] These requirements

disproportionately impact rural areas, which face additional operational challenges. To address this, OASAS could establish a modified set of minimum service requirements specifically for MMUs operating in counties designated as rural by the New York State Department of Health (population less than 200,000)[11] to reduce obstacles and provide more equitable paths to MMU operation. Allowing MMUs serving rural counties to meet a revised set of minimum service requirements allows the care provided by MMUs to be accomplished in a different way while still maintaining a high standard of care.

Recommendation #3: Modify the return to home requirement. The current Drug Enforcement Agency (DEA) regulation mandating that MMUs return to their home-base OTP at the end of each service day severely limits their operational range. This is especially restrictive in expansive rural areas, where travel time drastically reduces service hours. Eliminating this requirement would allow MMUs to park overnight or for extended periods, significantly expanding their service windows and maximizing their impact. While this is a clear federal policy target, the difficulty of achieving federal-level change suggests that state and local-level interventions should be prioritized in the interim.

References

National Institute on Drug Abuse. “Medications for Opioid Use Disorder,” March 20, 2025. https://nida.nih.gov/research-topics/medications-opioid-use-disorder.

Substance Abuse and Mental Health Services Administration (SAMHSA). “Opioid Treatment Program Directory.” https://dpt2.samhsa.gov/treatment/.

DEA. “Registrant Population by State and Business Activity.” 2024. https://apps.deadiversion.usdoj.gov/RAPR/raprRegistrantPopulationByStateAndBusinessActivity.xhtml.

New York State Department of Health. “New York State Opioid Annual Report 2024,” 2024.

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. “National Survey on Drug Use and Health 2022-2023.” 2023. https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf.

Federal Register. “Registration Requirements for Narcotic Treatment Programs With Mobile Components,” 2021.

Nguyen, Rosette, Colleen Staatz, and Michaela Vine. “Implementation of Mobile Medication Units: Findings from a Qualitative Study,” January 2025. https://aspe.hhs.gov/sites/default/files/documents/80100760ee84168f3fbc1dd56184c121/implementation-mobile-medication-units.pdf.

“Land Use Planning and Regulation.” Accessed April 21, 2025. https://video.dos.ny.gov/lg/handbook/html/land_use_planning_and_regulation.html.

New York State Office of Addiction Supports and Services. “REQUEST FOR APPLICATIONS. #SUPP1012 - MOBILE MEDICATION UNITS (MMU).” June 17, 2022. https://oasas.ny.gov/system/files/documents/2022/06/supp1012_mmu_rfa.pdf

American Association for Treatment of Opioid Dependence. “AATOD State Chapter Responses: Mobile Vans.” November 22, 2024. https://www.aatod.org/wp-content/uploads/2024/12/Report-AATOD-State-Chapter-Responses-Mobile-Van-Responses-1.pdf

NYS Department of Health. “New York State Rural Counties and Towns.” August 2021. https://www.health.ny.gov/funding/soi/inactive/20283/docs/attachment7.pdf

Appendix A - Abbreviations and Acronyms

DEA	Drug Enforcement Agency
FDA	Food and Drug Administration
MMU	Mobile Medication Unit
MOUD	Medication for Opioid Use Disorder
OASAS	Office of Addiction Supports and Services
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
RFP	Request for Proposal