



Kentucky Association of Fire Chiefs



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February 20, 2026

Dear Honorable Members of the General Assembly:

The Kentucky Association of Fire Chiefs in conjunction with the Kentucky Society of Addiction Medicine, **respectfully request your co-sponsorship and support for HB153/SB82**. This important legislation would remove harmful regulatory barriers that unnecessarily limit access to the medication buprenorphine. As a result of these restrictions, too few Kentuckians with opioid use disorder (OUD) receive this life-saving medication at great cost to the people of our Commonwealth.

The ongoing overdose crisis demands a bold response which utilizes all policy tools to support our families, friends, and communities. Buprenorphine is an U.S. Food and Drug Administration-approved medication for the treatment of OUD and has been proven to significantly improve health outcomes for people with OUD.ⁱ Specifically, buprenorphine treatment is associated with reduced overdose deaths and criminal activity.^{ii iii} Further, evidence suggests that expanding access to this medication is a cost-effective strategy that would save both lives and taxpayer money.^{iv}

In fact, the U.S. Department of Health and Human Services [recently added](#) all forms of medications for opioid use disorder (MOUD), including buprenorphine, as preventive services eligible for federal funding through the Administration for Children and Families under President Trump's recent Executive Order: [Addressing Addiction Through the Great American Recovery Initiative](#). Supporting HB153/SB82 would help Kentucky follow the Trump Administration's lead in promoting evidence-based treatment and recovery for more Americans with OUD.

Further, Kentucky's special regulations governing buprenorphine are burdensome, flawed, and unnecessary. Last year, leading state and national medical societies identified several deficiencies with the regulations that remain unaddressed.^v As such, the General Assembly now has an opportunity to correct course and remove this deficient regulation altogether. Notably, if HB153/SB82 is enacted, buprenorphine will be regulated in the same manner as other Schedule III controlled substances. Therefore, HB153/SB82 is a common-sense effort to simplify our regulatory scheme and return treatment decisions to clinicians and patients.

Opponents of this legislation warn that removing special regulations on buprenorphine would increase the risk that this medication is diverted. However, evidence suggests that most people use any diverted buprenorphine to self-treat withdrawal and more strictly regulating buprenorphine may

actually increase diversion risk.^{vi}As such, we must work to ensure that evidence-based treatment for OUD is more accessible in Kentucky. Enacting HB153/SB82 is a significant step towards accomplishing that goal.

Ultimately, HB153/SB82 is sensible legislation that would reverse flawed regulations and promote treatment, remission, and recovery for more Kentuckians. **As such, we are proud to support this legislation and respectfully urge your co-sponsorship and support for its passage soon.**

Thank you for your consideration.

Sincerely,


Stephen Kyle
President

ⁱ U.S. Department of Health and Human Services. (2026, February 2). *ACF Expands Access to Medications for Opioid Use Disorder for At-Risk Families*. Administration for Children & Families. <https://acf.gov/media/press/2026/acf-expands-access-medications-opioid-use-disorder-risk-families>

ⁱⁱ Santo, T., Clark, B., Hickman, M., Grebely, J., Campbell, G., Sordo, L., Chen, A., Tran, L. T., Bharat, C., Padmanathan, P., Cousins, G., Dupouy, J., Kelty, E., Muga, R., Nosyk, B., Min, J., Pavarin, R., Farrell, M., & Degenhardt, L. (2021). Association Between Length of Buprenorphine or Methadone Use and Nonprescribed Opioid Use Among Individuals with Opioid Use Disorder: A Cohort Study. *JAMA Psychiatry*, 78(9), 979. <https://doi.org/10.1001/jamapsychiatry.2021.0976>

ⁱⁱⁱ Molero, Y., Zetterqvist, J., Binswanger, I. A., Hellner, C., Larsson, H., & Fazel, S. (2018). Medications for Alcohol and Opioid Use Disorders and Risk of Suicidal Behavior, Accidental Overdoses, and Crime. *American Journal of Psychiatry*, 175(10), 970–978. <https://doi.org/10.1176/appi.ajp.2018.17101112>

^{iv} Fairley, M., Humphreys, K., Joyce, V. R., Bounthavong, M., Trafton, J., Combs, A., Oliva, E. M., Goldhaber-Fiebert, J. D., Asch, S. M., Brandeau, M. L., & Owens, D. K. (2021). Cost-effectiveness of Treatments for Opioid Use Disorder. *JAMA Psychiatry*, 78(7), 767. <https://doi.org/10.1001/jamapsychiatry.2021.0247>

^v October 2025 Letter: <https://apps.legislature.ky.gov/CommitteeDocuments/3/42171/ASAM-KSAM%20Statement%20re%20201%20KAR%209-270%20%28October%202025%29.pdf>

^{vi} Rubel, S. K., Eisenstat, M., Wolff, J., Calevski, M., & Mital, S. (2023). Scope of, Motivations for, and Outcomes Associated with Buprenorphine Diversion in the United States: A Scoping Review. *Substance Use & Misuse*, 58(5), 685–697. <https://doi.org/10.1080/10826084.2023.2177972>

