

Questions for the Record from Representative Derek Schmidt for Mr. Andy Potter
Federal Corrections in Focus: Oversight of the Bureau of Prisons
May 6, 2025

1. An estimated 15-20% of the federal prison population — which currently stands at over 150,000 — has an opioid use disorder. After historic spikes in overdoses, both in communities and correctional facilities, Congress directed the BOP to expand access to medication-assisted treatment for opioid use disorder in its facilities as part of the 2018 First Step Act. Yet after years of progress, BOP recently took a step back by removing an entire subset of medication-assisted treatment, long-acting injectable (LAI) buprenorphine, from its formulary. Long-acting injectable buprenorphine is a single shot that suppresses opioid cravings for up to a month, as opposed to oral forms of buprenorphine, which wear off within 24 hours and require prison staff to make patients adhere to strict daily treatment schedules. In addition, buprenorphine is a controlled substance at risk of being diverted within a prison when administered as an oral form instead of a provider-administered injection. Inmates receiving oral buprenorphine must be monitored by a practitioner for up to 30 minutes per patient to ensure that the medicine fully dissolves. Conversely, LAI buprenorphine can be administered quickly without the lengthy wait time, with patients needing to receive the medication as infrequently as once a month.

Since the oral forms of buprenorphine require patient cooperation and healthcare practitioner observation, should the Bureau of Prisons consider whether this policy change will result in increased practitioner time involved in administering buprenorphine? In addition to patient impact, do you believe BOP should consider factors such as pharmacy effort, staff time, and drug diversion behind the walls – and its burden on correctional officers – when setting its formulary?