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

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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?

Representative Schmidt,

Thank you for the question. In short, yes the Bureau absolutely should take into account the impact this change is having on staff time, safety, and the potential for diversion when setting its formulary.

In our conversations with frontline corrections professionals and BOP union representatives, we're hearing real frustration about the decision to remove long-acting injectable (LAI) buprenorphine. The shift to strip form has made the job harder, not easier. These versions of the medication require corrections officers and healthcare staff to closely monitor each person for 15 to 30 minutes at a time (per dose) to make sure the strip fully dissolves and isn't being pocketed or passed off. But even with that much oversight, inmates still find ways to keep part of it and give or sell it to others. By comparison, the injectable version of buprenorphine could be given quickly, with virtually no risk of diversion, making things smoother and safer for everyone.

Additionally, this isn't just a security issue, it's a staffing issue. As you are aware, the Bureau of Prisons is already dealing with significant and serious staffing issues and when you add in additional observation duties to administer strips, the burden and ability of staff to perform their job effectively grows increasingly more difficult. By all accounts, it is stretching an already depleted workforce even thinner and slowing down care for people who need it. If the goal is to administer meaningful treatment while keeping people safe, then the impact and toll on staffing and security have to be part of the equation.

In addition to our previous answer, we also want to be very transparent about the funding challenges BOP is facing.

While expanded access to injectable buprenorphine could help, we also recognize that without the resources to implement it properly, the agency is put in an impossible position, with frontline staff often paying the price.
OVU has already heard about "rolling lockdowns" being ordered by at least one regional director, where facilities shut down all but the most essential functions one day a week to avoid paying overtime, leading to facility unrest, resentment and frustration as programs, privileges, visits and other regular operations are shut down or extremely reduced . Meanwhile, some institutions are months behind on food and utility payments, which is extremely problematic and unsustainable.
In this case, if Congress were to issue a new mandate (no matter how well-intentioned) without the funding to carry it out, the ripple effect between policy and practicality will only continue to grow. We believe in effective treatment, but it has to be matched with real resources, otherwise, administrative corners get cut and staff safety and stability are pushed to the brink.