

Has Expanded Access to Buprenorphine Expanded Treatment for Medicaid Enrollees?



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THE ISSUE

Medication treatment, predominantly methadone and buprenorphine, is generally thought to be the most effective treatment for opioid use disorder. In 2002, buprenorphine was approved to be dispensed by specially waived physicians. This change had the potential to make buprenorphine available in places where methadone clinics were scarce—e.g., rural areas, or for individuals unwilling or unable to attend methadone clinics daily. Medicaid pays for more than one-third of individuals being treated for opioid use disorder, so understanding how efforts to expand access to treatment affect Medicaid enrollees, and the extent to which it is reaching different populations, is essential.



STUDY FOCUS

Researchers analyzed Medicaid claims data from 2002 to 2009 from 14 states representing about half of the U.S. population and about half of all 2009 Medicaid enrollees. The goals were to examine changes in use of medication treatment for opioid use disorder over time and to explore association between buprenorphine use and county-level indicators of poverty, race/ethnicity, and urbanicity.



KEY FINDINGS

Increased access to buprenorphine substantially increased the number of Medicaid enrollees receiving medication treatment. But the benefits were not the same everywhere. Enrollees living in urban counties with a low poverty rate and a low percentage of Hispanics or blacks were significantly more likely to receive buprenorphine than enrollees living in all other types of counties.



IMPLICATIONS FOR POLICY

Policymakers are focused on making treatment for opioid use disorder available to all who need it, and the federal government is allocating resources to states to address their specific needs. This study underscores the urgency of ensuring that treatment access is equitably distributed and reaches disadvantaged individuals who may be at higher risk of suffering from these disorders. Recent legislation to allow PA/NP prescribing is likely to enhance availability in rural communities that traditionally have a smaller physician workforce, but more targeted efforts to increase the number of buprenorphine prescribers in socioeconomically disadvantaged communities and communities with more individuals of color, such as increasing prescribing of buprenorphine through FQHCs, remain important.

Stein, B. D., Dick, A. W., Sorbero, M., Gordon, A. J., Burns, R. M., Leslie, D. L., & Pacula, R. L. (2018). A population-based examination of trends and disparities in medication treatment for opioid use disorders among Medicaid enrollees. *Substance Abuse*, 39(4), 419-425. doi:10.1080/08897077.2018.1449166

