

How Pregnancy and Insurance Status Affect Access to Treatment for Opioid Use Disorder



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THE ISSUE

Buprenorphine is a front-line treatment for opioid use disorder (OUD). The medication, which can be prescribed in outpatient settings by qualified (waivered) providers, substantially improves OUD outcomes, including pregnancy outcomes, such as the risk of preterm birth. But despite the known benefits, many pregnant and nonpregnant women suffering from OUD do not receive the medication.



STUDY FOCUS

To understand what barriers might affect a woman's ability to access OUD treatment, the study team conducted a field experiment. They randomly selected buprenorphine providers from publicly available lists in 10 states, selected for variation in opioid-related outcomes and policies. The team created unique patient profiles for pregnant versus non-pregnant woman and private versus public insurance, and randomly assigned more than 10,800 "secret shopper" calls to 6,252 OUD treatment providers. The team tracked whether the secret shopper was able to get an appointment, and if she did, how long she had to wait for the appointment and how much she would pay out-of-pocket for treatment.



KEY FINDINGS

- About two-thirds of the women received an appointment with a buprenorphine provider, but pregnant women were 17% less likely to get an appointment.
- Many providers did not accept insurance, and about one-quarter of the callers got an appointment only if they agreed to pay cash.
- The median out-of-pocket payment for initial appointments at buprenorphine providers was \$250.
- The publicly available lists of buprenorphine providers published by the Substance Abuse and Mental Health Services Administration (SAMSHA) were not reliable.



IMPLICATIONS FOR POLICY

- SAMSHA should update or audit lists of buprenorphine providers to ensure accuracy.
- Costs pose a significant barrier to treatment for many families. State policies can be implemented or strengthened to encourage providers to accept insurance.
- Targeted outreach, training, and incentives to increase the number of OUD providers willing to accept pregnant women, such as obstetricians, is needed.

Patrick SW, Richards MR, Dupont WD, McNeer E, Buntin MB, Martin PR, Davis MM, Davis CS, Hartmann KE, Leech AA, Lovell KS, Stein BD, Cooper WO. Association of pregnancy and insurance status with treatment access for opioid use disorder. *JAMA Network Open*. 2020 Aug 3;3(8):e2013456. PMID: PMC7428808

