Just Increasing the Number of Waivered Providers Won’t Increase Equitable Access to Buprenorphine


THE ISSUE

Buprenorphine, a gold standard medication for treating opioid use disorder (MOUD), can only be prescribed by clinicians who have received a federal waiver. Increasing the number of buprenorphine-waivered physicians has been a key goal of efforts to increase access to MOUD. However, it is not clear whether gains in the number of waivered clinicians have resulted in equitable access to buprenorphine across all communities.

STUDY FOCUS

To investigate potential racial/ethnic differences in buprenorphine access, this study used national Drug Enforcement Administration data from 2007 to 2017 that track all controlled substances, including buprenorphine, from manufacture through distribution. The research team examined whether the per capita distribution rate for buprenorphine, and the association between buprenorphine distribution and the number of waivered prescribers per capita, varied across regions with different racial/ethnic composition. The team also considered whether trends differed by state Medicaid expansion status.

KEY FINDINGS

• From 2007 to 2017, buprenorphine distribution increased in both Medicaid expansion and non-expansion states, but growth was disproportionately higher for regions with higher percentages of White residents. The magnitude of racial/ethnic differences increased over time.

• Increasing the buprenorphine-waivered prescriber rate was associated with higher buprenorphine distribution, but gains were smaller in regions with lower percentages of White residents.

IMPLICATIONS FOR POLICY

Access to buprenorphine has grown unevenly, leading to regional differences by race/ethnicity. Expanding the number of waivered providers is imperative, yet this has differential impacts on buprenorphine access (across regions), likely due to existing structural racial/ethnic disparities in health care. Reducing these disparities will require targeted policies. Priorities include increasing access to low-barrier MOUD treatment in settings serving disproportionate numbers of non-White individuals and diversifying the OUD treatment workforce to increase racial/ethnic concordance between doctor and patients.