**THE ISSUE**

Buprenorphine is a highly effective treatment for opioid use disorder (OUD), but roughly three-quarters of individuals receiving treatment for OUD do not receive this medication. Medicaid is the most common form of insurance coverage for individuals with OUD, and most states now operate Medicaid under a Medicaid Managed Care (MMC) model, making provider networks in Medicaid Managed Care (MMC) crucial ensuring access to buprenorphine. State Medicaid policies, such as those that can affect the breadth of MMC networks for buprenorphine providers, are especially important in increasing access to buprenorphine because.

**STUDY FOCUS**

The research team examined how three Medicaid policies—Medicaid expansion, adequacy criteria for substance use disorder (SUD) networks, and SUD carveouts—affected the breadth of MMC networks for buprenorphine providers across 37 states in 2019. The analysis drew on a novel dataset that linked buprenorphine prescriber data with network plan participation in MMC, Medicare Advantage, and Affordable Care Act individual market plans.

**KEY FINDINGS**

Both Medicaid expansion and adequacy criteria for SUD networks were associated with substantially broader buprenorphine-prescriber networks in MMC. In both cases, the increases were largely driven by increases in the network breadth of prescribers who were primary care physicians.

**IMPLICATIONS FOR POLICY**

Since most individuals with OUD do not receive buprenorphine treatment, states should consider all strategies that could increase buprenorphine access in the Medicaid program. Of the three policies studied, Medicaid expansion may be the most effective policy for increasing the breadth of networks for buprenorphine providers—potentially increasing networks by as much as 25 percent. Increasing the network among primary care physicians specifically would likely have an outsized impact on buprenorphine utilization relative to other specialties.