Buprenorphine Providers in Many States Require Insured Women to Pay Cash for Opioid Use Disorder Treatment


THE ISSUE
Medications for opioid use disorder (OUD) are known to be effective, especially in reducing the risk of overdose death. Yet many individuals suffering from OUD are not receiving treatment. One potential barrier can be the patient’s ability to access providers through their insurance plans.

STUDY FOCUS
The research team used a simulated patient approach to examine appointment-granting behavior by buprenorphine prescribers in 10 different U.S. states. Trained callers posing as reproductive-age women with OUD were randomly assigned Medicaid or private insurance status. Callers requested an OUD treatment appointment and then asked whether they would be able to use their insurance to cover the cost of care or whether they had to pay cash.

KEY FINDINGS
Roughly 40% of prescribers required that women with either Medicaid or private insurance pay out-of-pocket to receive an OUD treatment appointment. But rates varied widely across states. For example, only 1 out of 4 prescribers made such a request in Massachusetts, Washington, and West Virginia; however, more than 60 percent expected OUD patients to pay cash in Florida and Tennessee. Prescribers in areas with more providers or with more generous provider payments were not more willing to accept the patient’s insurance. Rural providers were less likely to require women to pay cash to receive care.

IMPLICATIONS FOR POLICY
The wide state-to-state variation revealed in this study suggests that women of reproductive age with OUD in certain states face even greater challenges to treatment than previously thought. The surprisingly limited effect of provider density and generous reimbursement on the willingness of prescribers to accept insurance highlights the need for novel approaches to increase access to OUD treatment. Better understanding why this is a greater issue in some states than in others also suggests opportunities for shared learning across states and continued need for examining the issue.