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Serious About the Opioid Epidemic? Expand Medicaid.

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The response to the opioid epidemic, on a national level, has not been effective in providing access to evidence-based treatments for individuals with opioid use disorder (OUD). Unlike other substance use disorders, there are medication-assisted treatments that are tailored specifically to treat OUD. Buprenorphine¹, methadone², and extended release naltrexone³ have all demonstrated efficacy in reducing the risk of relapse and maintaining long-term recovery for persons suffering from OUD. Unfortunately, these treatment options can be costly and persons of low socioeconomic status, who are already at greater risk to develop OUD⁴, often cite lack of insurance or means to pay for treatment as a significant barrier to recovery^{5,6}. As the opioid overdose death rate continues to rise, we must consider macro-level public health initiatives to match individuals with OUD to evidence-based treatments.

The United States took a major step in making evidence-based treatments for OUD more available through the Affordable Care Act and Mental Health Parity and Addiction Equity Act. However, individuals that misuse opioids remained uninsured at a rate exceeding the national average⁶. The current federal response to the opioid epidemic remains ambiguous, as calls to fight the epidemic are seemingly coupled with legislation that would shrink Medicaid⁷. Expansion of Medicaid is associated with increased utilization of buprenorphine treatment for OUD⁸, and Medicaid plays a key role in covering treatment-seeking pregnant women⁹. Medicaid coverage for medication-assisted treatments varies wildly by state, though states that were resistant to Medicaid expansion under the Affordable Care Act tend to cover fewer treatment options and have more barriers to treatment¹⁰.

A serious approach to combatting the opioid epidemic must include coverage of medical treatments for individuals that suffer from OUD. Expansion of Medicaid would be the single most effective tool in this endeavor.

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