

Medicaid & Care for Opioid Use Disorder: What's the Evidence?

Medicaid is the largest payer for individuals with opioid use disorder (OUD). Medicaid achieves high rates of evidence-based treatment for OUD.

- 1. Medicaid is a major source of coverage for people with OUD.

 Medicaid covers 38% of people with OUD and pays for 47% of all OUD-related emergency department visits. The number of Medicaid enrollees receiving treatment for OUD increased from 1.4 million in 2018 to 1.8 million in 2021. Medicaid pays for medications, outpatient care, overdose prevention, residential treatment, and inpatient care.
- 2. A majority of Medicaid enrollees with OUD are in the Medicaid expansion group. Analyses of national Medicaid data from 2021 indicate that 51% of Medicaid enrollees treated for OUD were eligible through Medicaid expansion. Overall, 49% of people

Medicaid enrollees treated for OUD

1,783,640

1,575,219

1,613,015

1,406,455

1,406,455

2018

2019

2020

2021

Source: T-MSIS Substance Use Disorder (SUD) Data Book Treatment of SUD in Medicaid, 2019 T-MSIS Substance Use Disorder (SUD) Data Book Treatment of SUD in Medicaid, 2021

Characteristics of people with OUD

Race/ethnicity

Gender

Income

40%

51%

60%

10%

49%

Source: Kaiser Family Foundation, "The Opioid Epidemic and Medicaid's Role in Facilitating Access to Treatment" May 2019

with OUD have low incomes, 60% are male, and 77% are White, based on national survey data.

3. Medicaid has high rates of evidence-based medication treatment for OUD. Medications for OUD including buprenorphine, methadone, and naltrexone <u>save lives</u> by reducing overdose risk. Medicaid programs have effectively improved access to these medications. A <u>majority</u> of <u>Medicaid enrollees with OUD receive medication</u> treatment. Medicaid expansion has <u>increased</u> the probability of receiving medications for OUD. Retention rates are higher in Medicaid compared to private insurance.

Medicaid plays a vital role in financing treatment for OUD. Congress must protect access to effective, evidence-based treatment for OUD and reject policies that reduce federal funding to state Medicaid programs seeking to expand access to high quality treatment for OUD.

For more information:
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