

# Expansion of State Medicaid Programs: Increased Patient Access to Opioid Replacement Therapy?

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## Objectives

- To investigate the impact of Medicaid expansion on patient access to opioid replacement therapy (ORT), by comparing the number of ORT prescriptions between states that expanded Medicaid program and those that did not.

## Background

- Medicaid is a joint Federal-State entitlement program that covers medical costs for people with low incomes and limited resources, with each state defining its own Medicaid eligibility standards.<sup>1</sup>
- On 1 January 2014, as part of the Affordable Care Act (ACA), the legal option to expand Medicaid eligibility to people with household incomes up to 138% of the federal poverty level came into effect.<sup>2</sup> As of April 2019, 37 states have chosen to expand Medicaid eligibility.<sup>3</sup>
- Opioid misuse has been a growing issue since the late 1990s and has since escalated to a national public health emergency.<sup>4</sup> The Food and Drug Administration (FDA) recommends ORT to prevent overdose and treat addiction.

Figure 1 | Summary of states included in the analysis

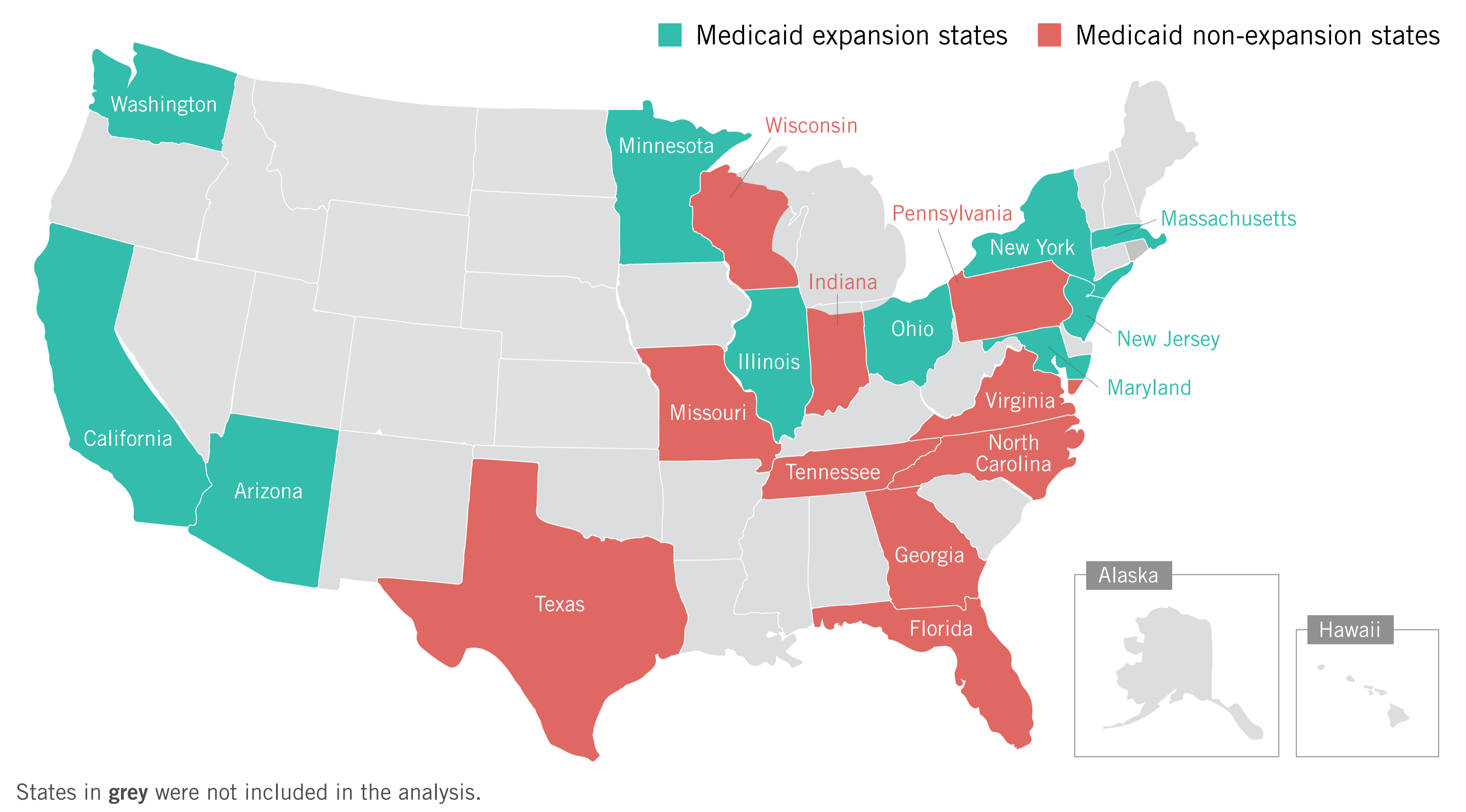
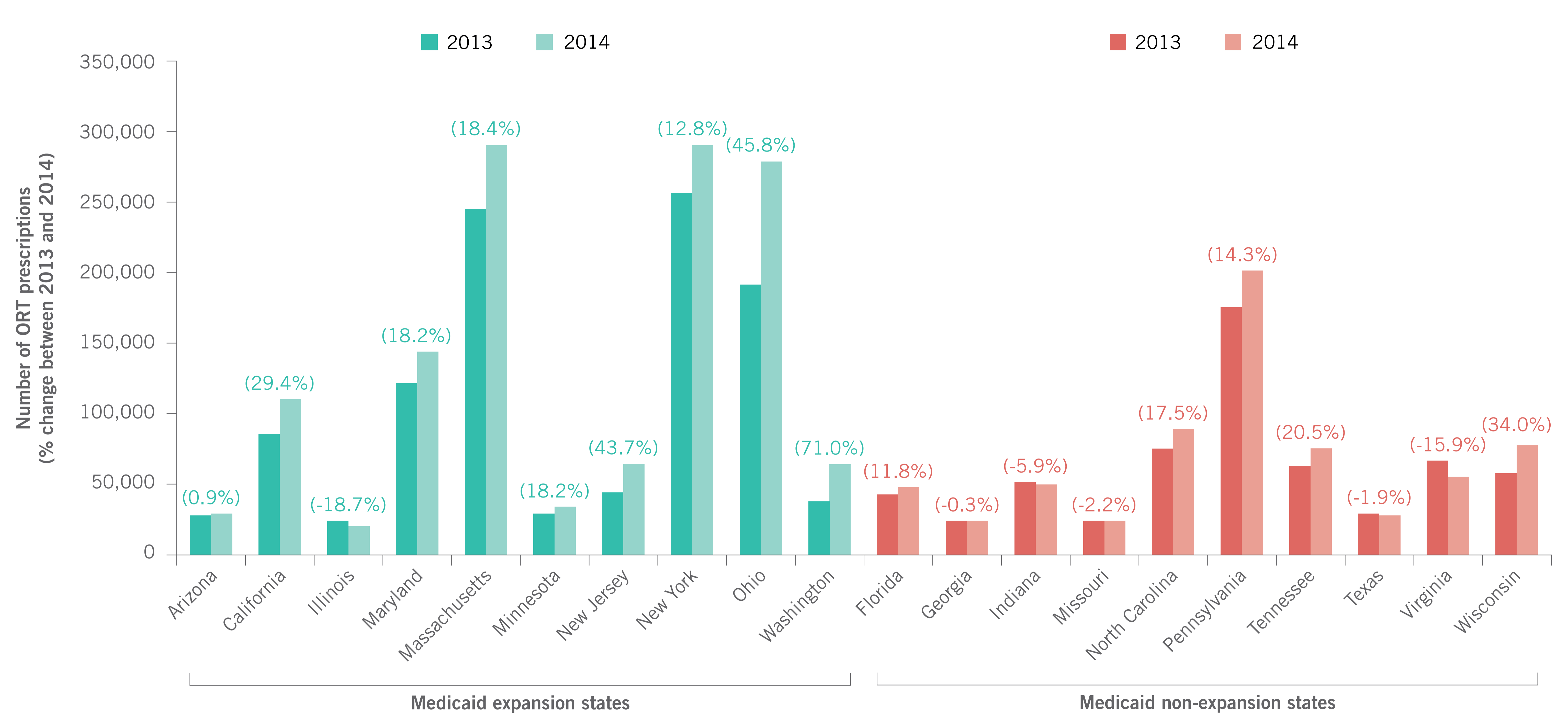


Figure 2 | Changes in the number of ORT prescriptions between 2013 and 2014



ORT: opioid replacement therapy.

## Methods

- Prescription numbers of FDA-recommended ORTs (namely, methadone-, buprenorphine- and naltrexone-based therapies) were compared between 2013 and 2014 in 20 US states (Figure 1) using the Medicaid State Drug Utilization Database.<sup>5</sup>
  - States were divided into those that expanded and those that did not expand Medicaid coverage under the ACA. States were categorized as "Medicaid expansion states" if they expanded Medicaid on 1 January 2014 (1 January 2014 is the most common date of Medicaid expansion to date).
  - The 10 most populous states in each category (Medicaid expansion/ Medicaid non-expansion) were selected for analysis.
  - A comparison of 2013 and 2014 was chosen in order to capture the immediate impact of the 1 January 2014 Medicaid expansion.
- Population size changes between the two timepoints were also analyzed to allow the potential impact of this as a confounding factor to be considered.

## Results

- Percentage changes in population size between 2013 and 2014 were minimal (between 0.1% and 1.7%); thus it was not considered necessary to adjust for population size changes in the analysis.
- A 24.4% relative increase in the prescription of ORTs was observed between 2013 and 2014 among Medicaid expansion states compared to a 10.0%

relative increase in Medicaid non-expansion states. This difference was not statistically significant ( $p=0.08$ ).

– A total of 8/10 of the Medicaid expansion states saw increased ORT prescriptions, compared to 5/10 of Medicaid non-expansion states.

- The greatest proportional increase in prescription numbers was observed in Washington (71.0%); the lowest was in Illinois (-18.7%) (Figure 2). For all 14 states with increased ORT prescriptions from 2013 to 2014, the greatest increase in prescription numbers was observed with buprenorphine-based therapies.
- California, New Jersey and Washington had already implemented some Medicaid expansion policies prior to 1 January 2014 through separate ACA provisions. Nevertheless, all 3 states still experienced increases in ORT prescription numbers following the 1 January 2014 expansion of Medicaid under the ACA (29.4%, 43.7% and 71.0% respectively).<sup>2</sup>

## Discussion

- A trend towards greater proportional increases in ORT prescription numbers was observed in states that expanded Medicaid on 1 January 2014 compared to those that did not. Given the inclusion of states that also expanded Medicaid through separate ACA policies prior to the study period, our 2013–2014 analysis may underestimate the full impact of the Medicaid expansion provisions on increases in ORT prescriptions.
- Limitations of this research include analysis of only a subset of states, a short time period of analysis and a lack of indication specificity in the prescription data.

- Future research could extend the presented analysis to include more states and a longer time period before and after Medicaid expansion. A qualitative analysis assessing how the opioid crisis has been managed since access to ORT therapy has increased could also aid the contextualization of the results presented here.

## Conclusions

- This research suggests that the expansion of Medicaid eligibility was generally associated with greater increases in prescriptions of ORT in the year following expansion.
- This may indicate a role of Medicaid expansion in facilitating increased patient access to ORT, which could be important given the role of ORT in counteracting the opioid crisis in the US.

## References

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